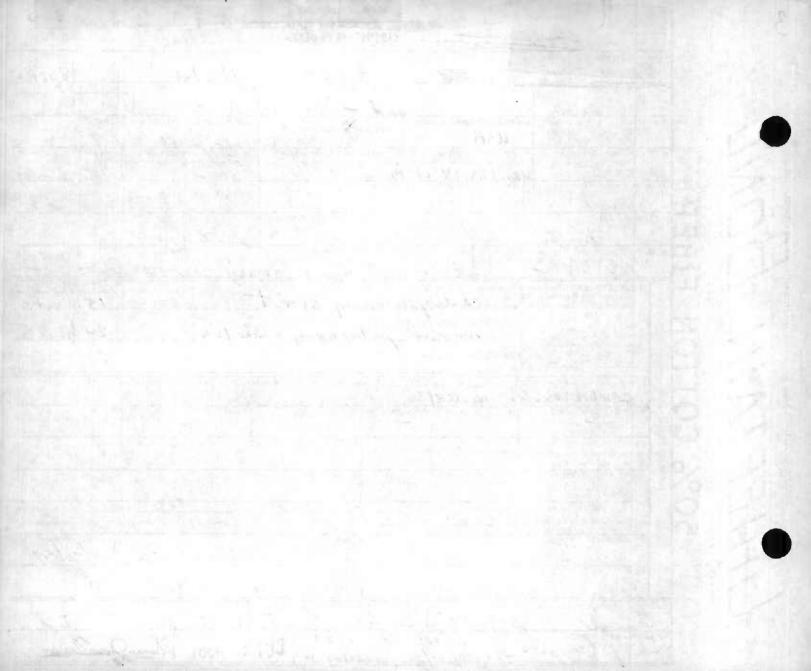
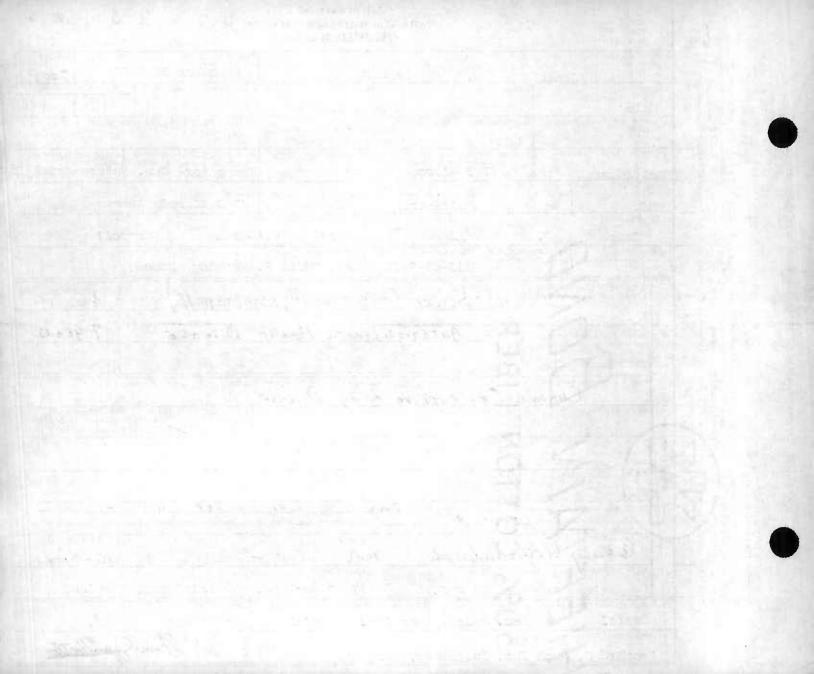
3	1.	FOR .	DEPART	STATE OF MARYLAND  MENT OF HEALTH AND MENTAL HY	GIENE 8 1 2	3 3 9 6
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E 2 2 2	1.24	Forek	C.	5. DATE OF BIRTH  MONTH DAY YEAR  1964	6. AGE (IN YEARS LAST BIRTHDAY)  YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS
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AND 24 h		MEXMUN	DANTI	MOLE YES IN NO [	1000 SCO11	UT. 21230
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Or or or see ostern			pital) attended the deceased fram	9/17 1981	, to 9/30	19 £1 , that (1) (we) last
R ATTENDI hospital an RECTOR: A reed for use ept. of Heal		sow the deceased alive a	n 9/30 19	e, and that in (my) (aur) opinio	n death accurred on the date and ho	ur and from the causes stated
t e b e b e b		22b. SIGNATURE	on view the oddy offer deom.	DEGREE		221. DATE SIGNED
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A See E		224 PHYSICIAN'S NAME (TYPE		22. ADDRESS	11 1 2 1	140 01
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	230	BURIAL, CREMATION, REMOVA		NAME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY STATE
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PAGE BAL	23a.B	URIAL, CREMATION, REMOVAL 2		V23c NAME OF		R CREMATORY	23d LOCATION			
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(VRA 15, 4)

Walter Dabrowski

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATES OF THE STATE OF THE STAT

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TYPE OR PRINTS

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

26 HOUR

1:40P M

1981

IF UNDER 1 YEAR

20 DATE OF DEATH MONTH

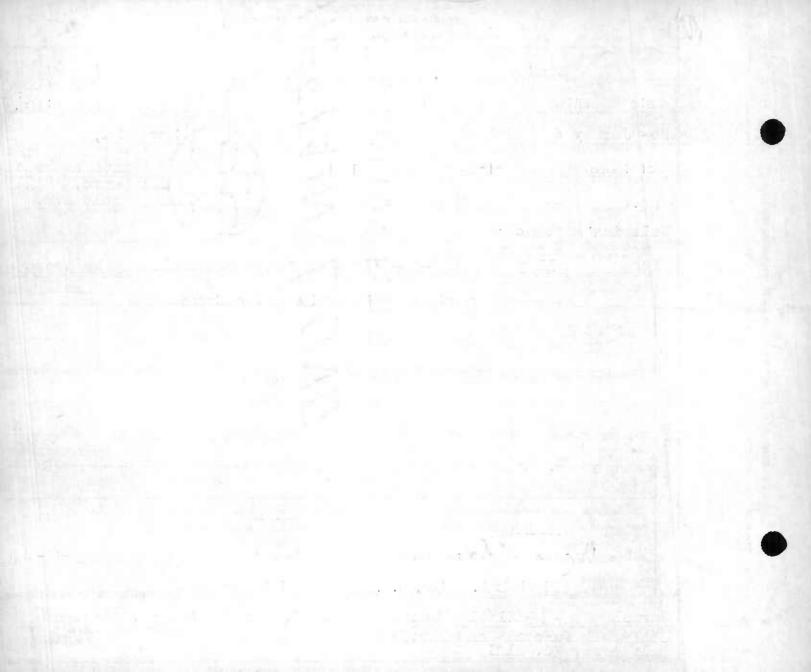
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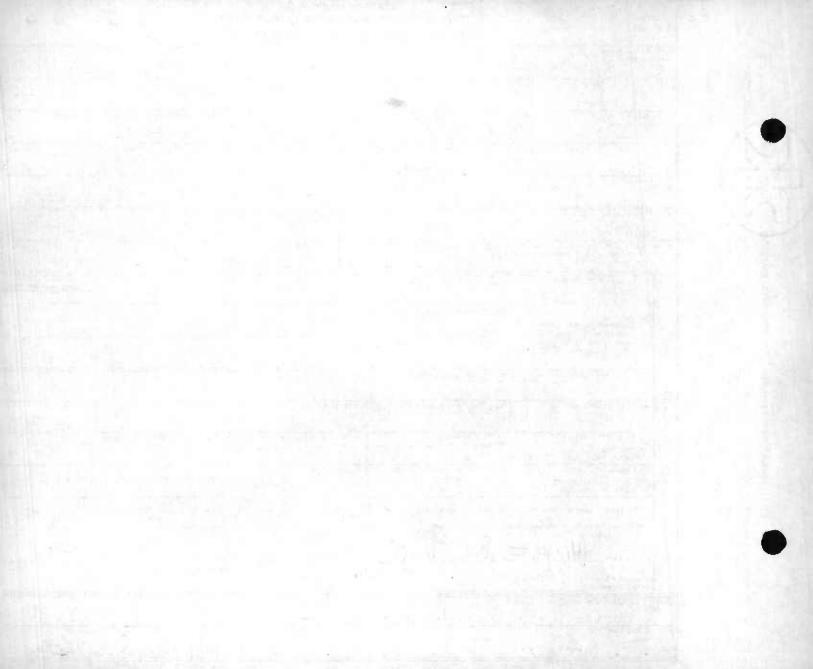
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TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORM. TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2	23n.R	URIAL, CREMATION,				AETERY C						
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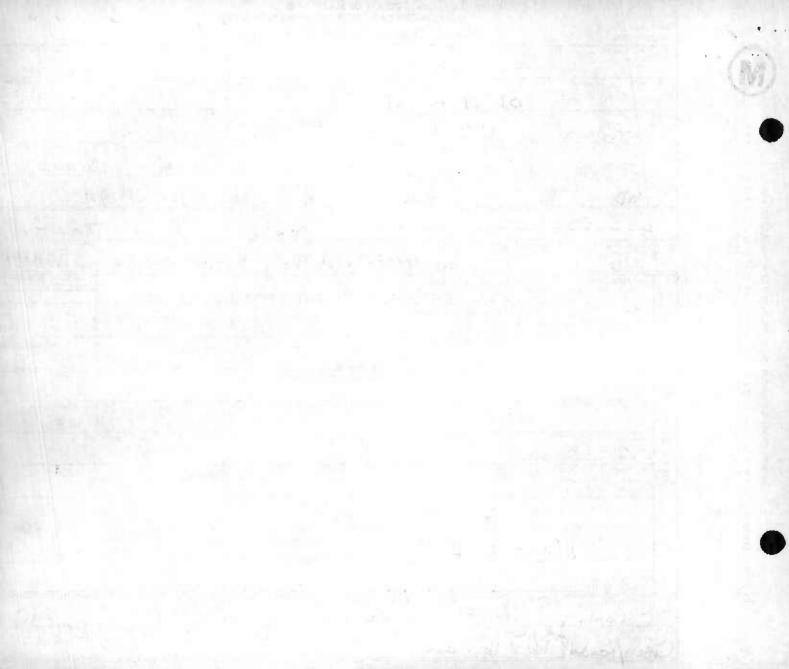
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN 1 DAY (TYPE OR PRINT) 1. IF ANY DELAY IS NECESSARY, PLEASE
1.2. AND 3TO INFERENCEAD DIRECTOR.
1.3. RETAIN PAGE 5-POR YOUR FILES.
2. SHOULD BE FILED. WITHIN 72 HOURS.
TALRECORDS. 201 W. PRESTON STREET. ESTI-MARTIN DEATH MATED DORETHA 2d HOUR 35 4. RACE DATE OF BIRTH & AGE (IN YEARS | IF UNDER 1 YR IF UNDER 24 HRS DATE YEAR LASTERSHOAY PRONOUNCED 9-21-81 50 DEAD black 4 female. 9. BALTIMORE CITY OR COUNTY OF DEATH 7a. BIRTHPLACE b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED FOREIGN COUNTRY) VA USA Baltimore City WIDOWED DIVORCED O. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION TYPE OF WORK 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY 1509 N. Potomac Street Raltimore SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e. STATE 136 COUNTY Baltimore 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS MD 1720 Carswell Avenue NO [] 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME N MIDDLE MIDDLE Martin Claude Mendoza Rawlings 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO ADDRESS DIVISION (YES, NO, OR UNKNOWN) LIE YES GIVE WAR OR DATES Claude Martin 1812 W. Lafayette Ave No 216-58-1806 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). APPROXIMATE INTERVAL DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BURIAL - TRANSIT PERMIT. BETWEEN ONSET AND DEATH USED AS A BURIAL - TRANSIT PERMIT OF HEALTH AND MENTAL HYGIENE, PART I DEATH WAS CAUSED BY Strangulation IMMEDIATE CAUSE (o)\_ OR REMOVAL DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to ARITING
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ATE DEPARTMENT OF HEA
ATE OF BURIAL, C 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO [ 21a EXTERNAL CAUSE WAS 21b. TIME OF INIURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) MOUR A.M. MANTH UNDERLYING X OR subject strangled CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY (ATHOME. 211. LOCATION EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR; PAGE 3 AFTER DEATH, WITH THE STATE DE BALIJMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) CHYOR Baltimore CoMaryland STREET NOT WHILE AT WORK AT WORK Autopsy 22a I certify that I took charge of the remains described above, held an Inspection and in my apinian Inquiry Hamicide X death resulted fram Natural causes Undetermined manner TITLE (SPECIFY) ACTUAL DATE 9-21-81 Assistant SIGNATURE MEDICAL EXAMINER Margarita A. Korell, M.D. 111 Penn Street EXAMINER'S NAME (TYPE OR PRINT) ADDRESS 23d LOCATION 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY STATE 9/27/81 Burial Church Cemetery Lawrencevill BP 24. FUNERAL DIRECTOR 250, DATE REC'D. BY REGISTRAR **DHMH-17** ADDRESS 1101 E. North Ave. (VR A15 ME (5)) C. March F/H 15M 2/80



	1	FOR - STATE REGISTRAR	DE	PARTMENT OF	E OF MARYLAND FEALTH AND MENTAL HYG FICATE OF DEATH	REG. NO.	3 4 0
	1. DE	CEASED NAME FIRST Thomas	as Richard M	lartin	LAST	Sept. 20, 198	DAY YEAR 2b. HOUR
	3 SE	× Male	4 RACE White	5 DATE O	H DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)  33 YTS YRS.	IF UNDER 1 YEAR IF UNDER 24
in 72 hours of one.	Ja. B	IRTHPLACE (STATE OR FOREIGN OUNTER)	76 CITIZEN OF WHAT COUP	MARRIE WIDOWI	D NEVER MARRIED TO	Baltimore Ci	
by the full fulled within	10. C	Baltimore	11. NAME OF HOSPITAL, N IF NOT IN SUCH FACILITY, GME 1323 Weldon	IURSING HOME ( E STREET ADDRESS) Avenue	OR OTHER INSTITUTION (21211)	12a USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LI Unemployed	12h. KIND OF BUSINESS INDUSTRY
filled in ould be	13a	AL RESIDENCE (IF NURSING HOM STATE 136 CC aryland -	E OR OTHER INSTITUTION, GIVE RESIDENCE DUNTY 134. CITY OF Balti	RTOWN	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS 1323 Weldon	Avenue (2121
completely ond 2 sh	14. F.	ATHER'S NAME FIRST Herbert	Mode Mart		15 MOTHER'S MAIDEN NA. FIRST Laur	WE	Teagle (AST
n ond cor	160	WAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YES,	CAR WAR OR CAREEL	50-9434	17 INFORMANT	ADDRESS rs-1312 W. 41st S	
equires that the death certificate be signed by the attending physicia. Then please remove carbon papers to burial, cremation, or removal. injury, or other traumatic event, the	z	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CON  (b) OMB  DUE TO, OR AS A CON  (c)	SEQUENCE OF	Cancer of H	Le Lung  ANNAL DISEASE OR CONDITION GIVE	/EN IN PART 1(0)
on. hos been to permit ene prior	CERTIFICATION	196 DATE OF OPERATION	196 CONDITION FOR V	VHICH OPERATIO	N WAS PERFORMED	IN CERTI	S, WERE FINDINGS USED FYING CAUSES OF DEATH S NO
SICIAN: The mg physicion certificate h uriol-transit periol Hygien lifem 18 show	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. MONT	H DAY YEAR		RED (ENTER NATURE OF INJURY IN ITEM 18, I	PART 1 OR PART 2)
DING PHY or ottendin After this se as the bu oith and M marked or	MED	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, C	4	21f LOCATION STREET	CITY OR TOWN	COUNTY STAT
the haspital DIRECTOR, sched for us Dept of Hem 21 is		saw the deceased alive	on not) view this body after death.	19 <b>3</b> Q	nd that in (my) (or opinion  DEGREE  ATTENDING	death occurred on the date and hou	r and from the couses state  22c DATE SIGNED  Loof 21, 1
TO HOSPITAL TO FUNERAL Should be deter with the Store		22 PHYSICIAN'S NAME MY GEORGIE	TALER M	.D.	600 Light	Street. Balt. A	ld. 21280
BP	L	BURIAL, CREMATION, REMOV	9/23/81		e Park Cem	Baltimore, Ma	county state
DHMH-16 20M (VRA 15, 4) 7/78	24 F	uneral director . Alan Seitz F	uneral Home 38	18 Rolan		E REC'D. BY REGISTRAR 256. REGIST	TRAR'S SIGNATURE

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1		FOR #10a-22a F	ilm G560			AARYLAND I AND MENTAL I	HYGIENE	23 40	8
. 10	1-	STATE REGISTRAR	MI			CERTIFICATE (		NO.	
Δ.		CEASED NAME FIRST	OMITY	MIDDLE	MAR	TAME 7	20. DATE KNOWN OF ESTI- DEATH MATED		2b. HOUR
STREET	f. SEX	DORG Male white	5. DATE OF BIRTI	YEAR LAST	(IN YEARS IF UP	NDER TYR. IF UNDER		MONTH DAY YEAR	2d HOUR 11:23
PRESTOR	7a B1	RTHPLACE (STATE OR REIGN COUNTRY)	7b. CITIZEN OF V	7 44 3 WHAT COUNTRY?	8. MARR		9. BALTIMORE CIT	9-20-819 Y OR COUNTY OF DEATH	<u>a M</u>
10 N	10 CI	TY OR TOWN OF DEATH  Baltiore	(IF NOT IN SUCH	DSPITAL, NURSING FACILITY, GIVE STREET ADD	HOME, OR OTH	ER INSTITUTION	120. USUAL OCCUPATION FOR MOST OF WORKING LIFE HOWE MAY EF	(TYPE OF WORK 12b KIND OF BU OR INDUSTE	RY
35	USUA 13a. S	L RESIDENCE (IF IN NURSING HOME	OR OTHER INSTITUTION,	GIVE RESIDENCE BEFORE A	DMISSION)	13d. INSIDE CITY LIMITS?	130. STREET ADDRESS 3225 E. FAIC		
300	14. FA	ATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAID		Bows	-
DIVISION OF ALL		VAS DECEASED EVER IN U.S. AF ES. NO, OR UNKNOWN) (IF YES, GIV	RMED FORCES? E WAR OR DATES)	166. SOCIAL SEC 213 - 44	-8497	Attous	Pouzillo 300	ESS	21.234
TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL - IRANSII PERMIT. A AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIS BALLUMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.		18 CAUSE OF DEATH (Enter of PART I DEATH WAS CAUSE AND IMMEDIAL Conditions, if any, which gave rise to immediate cause (a) stating the under Lying cause lost.	ED BY: ATE CAUSE (o) DUE TO, C		cleroti NCE OF	c cardiova	escular diseas	APPROXIMATE BETWEEN ONSE	E INTERVAL T AND DEATH
S A BURIN	NO	PART 2 OTHER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEAT	M BUT NOT RELATED TO TH	HE TERMINAL DISEAS	E OR CONDITION GIVEN IN P	ART 1 (g).		
JRIAL, C	CERTIFICATION	19a. DATE OF OPERATION	19b. CONE	DITION FOR WHICH	OPERATION V	/AS PERFORMED?		20 AUTOPSY	? NO 🗆
S TO BU		210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF	HOUR A.		YEAR 21c. H	OW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM		
1201 PRI	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK		E OF INJURY (AT HO ACTORY, FARM, ETC.)		CATION STREET	CITY OR TOWN	COUNTY	STATE
E, MARYLAND,		22a I certify that I took char death resulted from Nati ACTUAL SIGNATURE	rge of the remains durol couses ,	Accident .	Suicide	Homicide TITLE (SPECIFY)  ASSISTANT	Undetermined manner	and in my opinion  DATE SIGNED 9-21-8	1
TER DEA		EXAMINER'S NAME (TYPE OR PRINT) Margai	rita A. K	orell, M.	).	ADDRESS11	l Penn Street		
PA A B	23a. B	URIAL, CREMATION, REMOVAL		81 WES	F CEMETERY C	CEMATORY LEMATORY	23d. LOCATION CITY OR TOWN	COUNTY ST	QIV
	_	UNERAL DIRECTOR				25a. DAT	PECO. BY REGISTRAR 256 R	EGISTRAR'S SIGNATURE	



entered grant decision than the second of another strategy Action to the second of the se and acceptance of the second o Therefore will be a superior of the later of

DHMH - 16 50M 1/B1 (VRA 15, 4)

FOR

REGISTRAR

1 - STATE

BALTIMORE CITY 176 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY OIL DISTRIB'R R.D. 2, Box 220 MARVIL ADDR R. D. 1, BOX 220 MARY E. MARVIL - SEAFORD, DE 19973 RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? COUNTY 8/ , and that in (ny) (our) opinion death occurred on the date and hour and from the couses stated -Sussex-Bridgeville Sep 28,1981 Bridgeville Delaware 202 Laws St. Bridgeville, DE 19933

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3

CERTIFICATE OF DEATH

IF UNDER ! YEAR

REG. NO

26 HOUR

10:38PM

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	· la	15	FOR		S1	ATE OF	MARYLAND		0	-12	A 2	1	1
1.	10	1-	STATE				AND MENTAL		Sun.	3	5 43	1	
3			REGISTRAR	MEI	DICAL EXAM	NER'S	CERTIFICATE (	OF DEATH	REG. NO.				
1/1		1. D	ECEASED NAME FIRST		MIDDLE		LAST	2a. DAT	E KNOWN X	MONTH	DAY	YEAR	Zb. HOUR
117	* 38.8.8. F.	1	DENN	IC	C		MASHBURN	OF DEAT	H MATED	9	19	, 81	N. SA
14	A 5 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	3. SE		5. DATE OF BIRTH	I6. AGE (III	YEARS IF UN				MONTH	DAY	YEAR	M HOUR
10	REC REC			MONTH DAY	5/ 29	HDAY) MONT		MIN PRONC	UNCED	9	19		2d HQUB 8:15
	A TO ZO		male   negro	12 3/		YRS.		DE				19 81	PM
1	NECESCARY, PLEASE LINEAL DIRECTOR. S FOR YOUR FILES. WITHIN 72 HOURS	AS F	OREIGN COUNTRY)	76. CITIZEN OF WE		8. MARR	IED   NEVER MARE	RIED W Y. BALI	IMORE CITY OF	COUNT	YOFD	ATH	
	Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z	U	North Caroli		USA	WIDOV	VED DIVOR	CED Balt	imore C	ity			MD
	SEE SEE	10.0	ITY OR TOWN OF DEATH	11. NAME OF HOSE	PITAL, NURSING HO	ME, OR OTH	HER INSTITUTION	12a USUAL OCC	UPATION (TYPE		12b. KIN	D OF BU	SINESS
	POE A	1	Baltimore	11 1	ity Hospi			FOR MOST OF V	OKKING LIFE)		OK	INDUSTR	<b>( )</b>
	ORD ORD	USU	AL RESIDENCE (IF IN NURSING HOME	OR OTHER INSTITUTION, GIV	E RESIDENCE BEFORE ADM	SSION)	1	1				_	
	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS N EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS N EXECUTE THE CERTIFICATE, WRITING THE WEDICAL EXAMINER A SHOULD BE FOREWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN PAGE 5 TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED.  AFTER DEATH. WITH THE STATE DEPARTMENT OF HAALTH AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS, 201 M. BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.		Ma.	NIY	13c. CITY OR TOWN	0.	AES XX NO T	13e. STREET ADD	Yale	Ave.			
	MA 3 TH.	14. F	ATHER'S NAME	MIDDLE	Hard	V	15. MOTHER'S MAID	EN NAME	MIDDLE		- 14	AST	
	AAN PER	CP .			1101 0	7	Martha		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Gib	son		
	MO PAC	160.	WAS DECEASED EVER IN U.S. A	RMED FORCES?	166. SOCIAL SECU	RITY NO.	17. INFORMANT		ADDRESS				
	A GE ISIO	1	NO (IF YES, GIV	VE WAR OR DATES)	212 5		h						
1130	RS WITH		18 CAUSE OF DEATH (Enter of	anly one cause nor line		6 626	9 Martha	Gibson	3509 1	V F	ran	COVIDATE	DIENS +
100	ST. A 18 A 1		PART I DEATH WAS CAUS	ED BY:		ound o	of abdoman	(unanagi	find was	2000		EN ONSET	AND DEATH
1	SEE POSE		GI CILIMMEDIA		AS A CONSEQUENCE		of abdomen	Turispeci	ried wed	троп.	-		
	A A A A A A A A A A A A A A A A A A A	-13	Conditions, if any, which		43 A CONSEQUENC	.E OF							
1	RAPER REPORTED	-	gove rise to immediat	le (b)									
	AN AMEN		couse (a) stating the under lying couse last.	DUE TO, OR	AS A CONSEQUENC	E OF							
	SE EN			(c)									
	DIVISION OF VITAL RECORDS, 201 W. S CERTIFICATE SHOULD BE EXECUTED W RITING THE WORD, "PENDING". IN PEN ROED TO THE CHIEF MEDICAL EXAMIN E 3 SHOULD BE USED AS A BURRAL. "PE E DEPARTIMENT OF HEALTH AND MENT, OI PRIOR TO BURRAL, CREMATION, OR		PART 2 OTHER SIGNIFICANT CONDITION	IS CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE T	RMINAL OISEAS	E OR CONDITION GIVEN IN PA	ART 1 (a).					
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	A SELECTION TA	Ĕ									VE	s 🛛	NO 🗆
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150	N SHOWEN		UNDERLYING OR CONTRIBUTING CAUSE OF	HOUR AXXX	9-19-19	AR O1 C	h inst shot	L .					
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100	S CE SOE SOE SOE SOE SOE SOE SOE SOE SOE SO	MA	WHILE NOT WHILE	STREET, FACTO	DRY, FARM, ETC.)	8	STREET	CITY OR		COL	•		STATE
	PAA PAGE		AT WORK AT WORK	all all	ey	600	blk, N. F	remont A	ve.,Bal	to. (	City	,	Md.
	A A TE S. E.		220 I certify that I took char	rge of the remains desc	ribed above, held ar	Autop	sy X, Inspectio	n . Inqui	y . ond	in my op	inion		
	NE PET S	3	death resulted fram: Nati	urol couses ,	Accident .	Suicide	, Homicide X	Undetermined	monner				
1	AMIN BER	1	h	-			TITLE (SPECIFY)						
	A HOUSE		ACTUAL SIGNATURE	1 NIK	2		William Control of the Control of th	+	CONTRACTOR OF THE PARTY OF THE	DATE	0	20-8	
į.		5	SIGNATURE A V	7			D ASSISTAL	T MEDICAL EX	MINER	SIGNE	9-	20-0	1
	SE S	4	EXAMINER'S NAME AT	n M. Dixon	. M.D.		111 f	Penn St.					
	PAGE PAGE BALI	73c F	IRIAL CREMATION REMOVAL		23c. NAME OF C	EMETERY	ADDRESS.			_			
		(	9/25/81	BURIAL			M DI	234 LOCATION	***	COUN		STA	178
70	-U) BP	24 F	UNERAL DIRECTOR	DONIAL	AFI	outus	Mem. PK	. Balt	D. Md.	DAD'C C	CNIATO	o.c	
di	DHMH-17	1	MEROY O. DY	BTT 4600	LIBERTY	HEIG	HTS AVE.	REC'D. BY REGIST	AK TON KEGISI	MAR 3 31	MANU	NC A	
	(VR A15 ME (5)) 15M 2/80						SE	22 1981	Rounces	G	1/6	enther	U

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18/11/29 LATTERN DATES OF THE PARTY OF T Carried March 18 1 1/24 March SEP 3 O 1981 Louis Jan Jantes

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DHMH-16 50M 1/81 (VRA 15, 4)

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IMPORTANT: If Item 21 is marked at Item 18 shows ony injury, at other traumatic event, the

	STA	TE	OF	M	ARYL	AND		
DEPARTMENT	OF	HE	AL	TH	AND	MENT	AL F	

HYGIENE &

8	1	REGISTRAR			CERTIE	ICATE OF	DEATH		REG. NO.			
		CEASED NAME FIRST		MIDDLE		LAST		20 DATE OF DE	ATH MONTH	DAY	YEAR	2b HOUR
H		KERMI	T	$\mathcal{N}$	MAT	THEWS	No.		9	8	81	4:30p
-	3 SE	X	4. RACE		S. DATE (	OF BIRTH	YEAR	6 AGE (IN YEAR	LAST BIRTHDAY)	IF UN	DER I YEAR	IF UNDER 24 HRS
		MALE	BLACK		6	<b>Q</b> 5	18	6	3 Y	RS.	DATS	HOURS MIN,
1		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY	? 8.	D NEVER	MARRIED -	9 BALTIMORE	CITY OR COL	INTY OF	DEATH	
2		RYLAND	215	A	WIDOWI	D D	VORCED X	Baltim.	ore, ci	tv.		MI
2		TY OR TOWN OF DEATH		HOSPITAL, NURS		OR OTHER INS	TITUTION	120 USUAL OC	CUPATION	11	26 KIND C	OF BUSINESS OR
2		ALTIMORE	VETERAN	S ADMINI	STRATI	ON MED	ICAL CE				10001111	
7	13a S	AL RESIDENCE HE NURSING HOLD TATE	NOTUTION	130 CITY OR TO	DRE ADMISSION)	1 13 d. INSIDE C			DRESS			
2		ARYLAND //	H	BALTIM	ORE	YES	NO 🗌	13 STREET ADD	ESLER F	ROAD	21	061
1	14 FA	THER'S NAME	MIDDLE	LAST		15. MOTHER	S MAIDEN NAM		NIDOLE		LAS	ST.
U	/_	BENJAMIN F.		MATTI		C	ARRIE			NI	CHOL	
5		VAS DECEASED EVER IN U.S. AF VES NO OR <u>UNKNO</u> WN) (IF YES, GIT	RMED FORCES?	16b. SOCIAL SEC	CURITY NO.	17 INFORMA	NT Bal	neo - 70	ADDRESS S	Des	nce	N Rol
		YES NO OR UNKNOWN) [IF YES, GI	WII	2140537	70			Records		OCH .	DAVEN	I_DIUD
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one couse per	line for (a), (b), a	and (c).)						APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
			TE CAUSE (0)	Preum	onia				1121		10	veele.
		1771	DUE TO, O	R AS A CONSEO	UENCE OF							
		Conditions, if ony, which gove rise to immediate	(b)_	Metast	tatic	Carci	noma				21	months
		couse (0), stoting the	DUE TO, O	R AS A CONSEQ	UENCE OF							
		underlying couse lost.	(c)									
	Z	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE O	R CONDITION	GIVENI	V PART I	0
_	CERTIFICATION	19g, DATE OF OPERATION	19h COND	ITION FOR WHIC	H OPERATIO	N WAS PERFO	RMED	20m AUTOPS	v? 20h I	F VES WE	DE EINIDA	NGS USED
	IFIC							1	IN CE	RTIFYING		OF DEATH?
$\dashv$	ERT	21g. ACCIDENT WAS UNDERLYING	7 21b. TIME C	F INJURY		121c HOW IN	JURY OCCURR	ED (ENTER NATURE	OE INJUIRY IN ITEA	YES	OB BART 2)	NO NO
)		OR CONTRIBUTING CAUSE OF DE	~ / / /		DAY YEAR		JON / OCCOM	ED (ENIER NATURE	OF INJURY IN THE	A TO PART IS	ORPARI 2)	
1	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE)	P. PLACE	M. OF INJURY	19	21f. LOCATIO	DN					
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-		220 I certify that (I) (this hospi	ital) attended th	e decensed from	SEPTE	MBER 4	19. 81	. SE	PTEMBER	2 8 0	81	thotXi) (we) lost
		sow the deceased alive an	SEPTEM	BER 8 19	81 . 01	nd that in ( <b>X</b> (y)		leath occurred or				
		22b. SIGNATURE	view the body	offer death.		DEGREE	100				22c DATE	
	W		So M	D			TTENDING -	MEDICAL DIRECTOR	STAFF		910	9/01
1		22d PHYSICIAN'S NAME (TYPE C	OR PRINT)			22e ADDRES		) DIRECTOR [	HTSICIAIN D			1101
1			So									
7	23o. B	URIAL, CREMATION, REMOVAL	23b DATE	230	NAME OF C	EMEHERY OR		RAVEN BI		218		
	5	Sur al	9/13	2/81 3	57	Kest	-		OWN	, A	'A	mil
	2 FU	NERAL DIRECTOR	1	7	20.	1	25c. DATE	REC'D. BY REGI	STRAR 256 RE	GISTRARS	S SIGNAT	URE
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DHMH - 16 50M 1/81 (VRA 15, 4)

MPORTANT

should be

Sept. 26, 1981 Glen Haven Mem. Park 24 FUNERAL DIRECTOR Mc ulty Funeral Home, 130 E. Fort Ave. Balto. Md.

MAGGIN

Then Burnie, A. A. Co. Maryland

STAFF

230 BURIAL, CREMATION, REMOVAL 23h DATE (SPECIFY) Burial

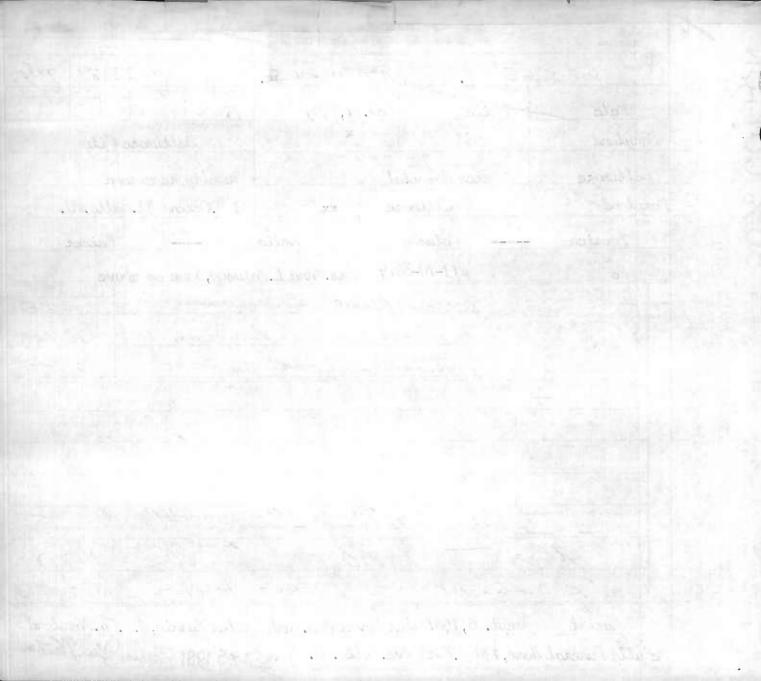
22d, PHYSICIAN S NAME THE COMPANY

PHYSICIAN DIRECTOR PHYSICIAN

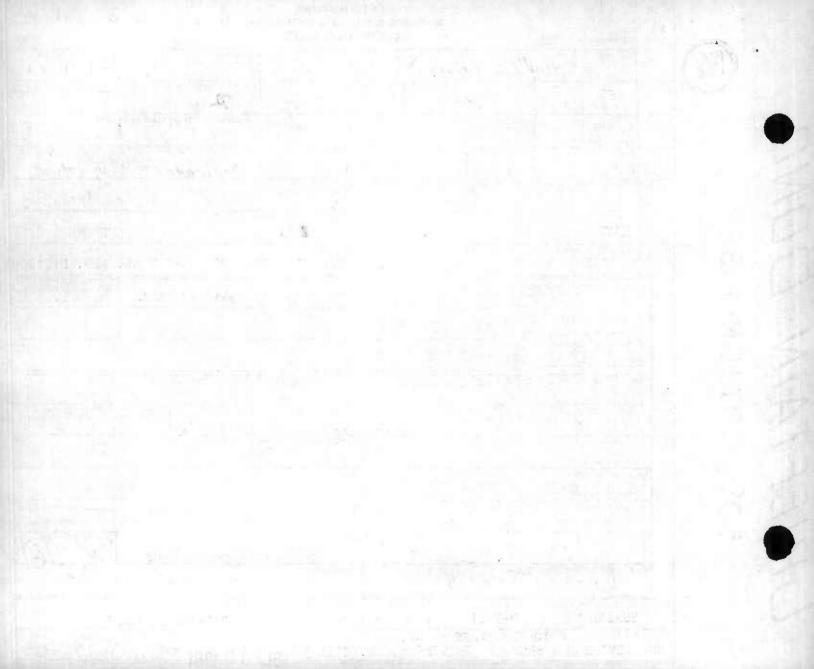
ATTENDING

22e ADDRESS

231. NAME OF CEMETERY OR CREMATORY



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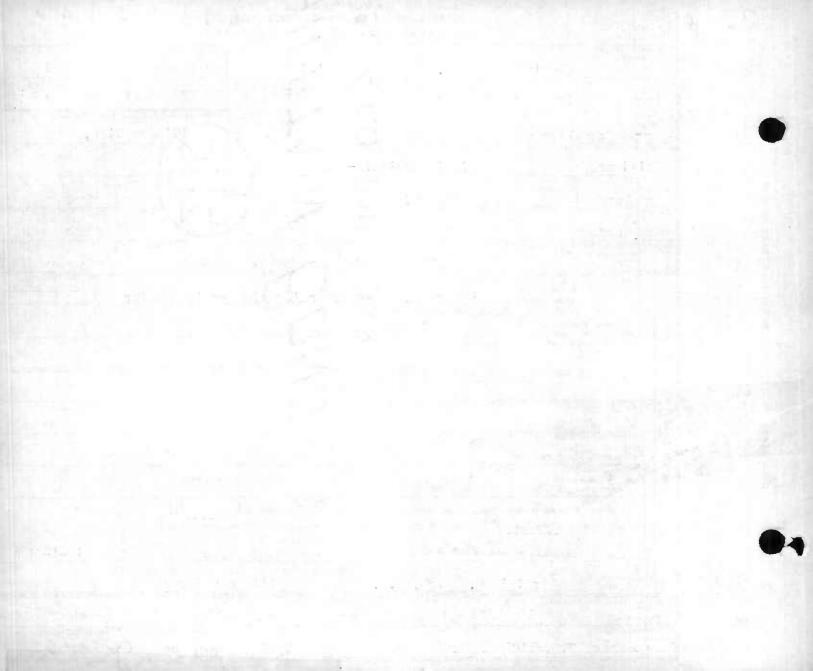


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Other Marine Committee and the same of the same of the

1-	FOR STATE REGISTRAR	DEPART	MENT OF H	EALTH AND MENTAL HY		23419	
		MIDDLE	J41 .	AST		MONTH DAY YEAR 26 HOUR_	
	Lillie	/ /	McC	auley	9	1-9-8/ 330	01
3 SEX	(	4 RACE			6 AGE (IN YEARS LAST BIRTH		
		Black	9	15 98	82	YRS.	1174.
CC	DUNTRY)	U.S.A.	MARRIE		0 10	- /	WE
		(IF NOT IN SUCH FACILITY, GIVE STREET	ADDRESS)				OR
13a. S	TATE 13b. COU	VIY 113t. CITY OR TOV	VN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 2224 Rou	nd Road	
	FIRST	MIDDLE FOR			MIDDLE	Tanas	
16n V	AS DECEASED EVER IN U.S. AR		JRITY NO.	17. INFORMANT	ADDRE		_
Ĩ	(IF YES, GIV	427-76-	-5088	Inez Brown	1905 Eut		
	PART I. DEATH WAS CAUSE	DBY. April	e e	Pulmono	J Emho	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA	ТН
	Conditions, if any, which	DUE TO, OR AS A CONSEOU	ENCE OF	notes Con	Leonoscul	a Diseose	
à	couse (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUE	ENCE OF	Post Card	iopulmer	of sent	
z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR COND	ITION GIVEN IN PART I(a)	
VT10	I DATE OF OPERATION	C UISON	LODE DATIO	ALLWAS DEDECTRATE	20- AUTORSV2	201 IE VEC WEDE EINIDINGS HOED	
RTIFIC.	Control forks		OPERATIO		YES NO	IN CERTIFYING CAUSES OF DEATH? YES NO NO	
	OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH D	AY YEAR	21¢ HOW INJURY OCCUR	RED JENTER NATURE OF INJUR	r IN ITEM 18, PART 1 OR PART 2)	
MEDIC	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	218 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.)	211 LOCATION STREET	CITY OR TOW	N COUNTY STATE	
	saw the deceased alive on	Sant 9, 19	8/.01	nd that in (my) (aur) apinion	, to death occurred on the do		
	226. SIGNATURE + NUMBER	1 addi	son	DEGREE  ATTENDING PHYSICIAN [			
	27d PHYSICIAN'S NAME (TYPE OF	J, Addy	on,m	220 ADDRESS Pround	ent Ho	P	
14	URIAL, CREMATION, REMOVAL SPECIFY	23b. DATE 23c. 9-15-81 C	NAME OF C	EMETERY OR CREMATORY	Balto.	COUNTY Md STATE	
	1. DEC (TYPE 3 SE) F ( TYPE 2 SE) F	- STATE REGISTRAR  1. DECEASED NAME (IVPE OR PRINT)  JITIE  3. SEX  Female  70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)  MISSISSIPPI  10. CYLY OR TOWN OF DEATH  JUSUAL RESIDENCE (IF NURSING HOME OI 130. STATE  MATYLAND  14 FATHER'S NAME FIRST  Jimmy  160. WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN)  18 CAUSE OF DEATH Enter or PART 1. DEATH WAS CAUSE IMMEDIA  Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying cause lost  PART 2 OTHER SIGNIFICANT  OR CONTRIBUTING CAUSE OF DEA  (IF EITHER, NOTIFY MEDICAL EXAMINER; AT WORK  210. I CERTIFY that (I) (this hosp sow the deceased dive on obove, (I) (We) (did) (did no 22b. SIGNATURE  THE STATE OF THE SIGNIFICANT  (IF EITHER, NOTIFY MEDICAL EXAMINER; AT WORK  220. I CERTIFY that (I) (this hosp sow the deceased dive on obove, (II) (We) (did) (did no 22b. SIGNATURE  THE STATE OF THE SIGNIFICANT  (IF EITHER, NOTIFY MEDICAL EXAMINER; AT WORK  210. SIGNATURE  THE STATE OF THE SIGNIFICANT  (IF EITHER, NOTIFY MEDICAL EXAMINER; AT WORK  220. I CERTIFY that (II) (this hosp sow the deceased dive on obove, (II) (We) (did) (did no 22b. SIGNATURE  THE STATE OF THE SIGNIFICANT  (IF WE) (did) (did no 22b. SIGNATURE  THE STATE OF THE SIGNIFICANT  (IF WE) (did) (did no  22b. SIGNATURE  THE STATE OF THE SIGNIFICANT  (IF WE) (did) (did no  22b. SIGNATURE  THE STATE OF THE SIGNIFICANT  (IF WE) (did) (did no  22b. SIGNATURE  THE STATE OF THE SIGNIFICANT  (IF WE) (did) (did no  10. SEX  10. SE	THE REGISTRAR  1. DECEASED NAME   FIRST   MIDDLE    1. DECEASED NAME   FIRST   MIDDLE    3. SEX   4 RACE   Black    70. BIRTHPLACE   (STATE OR FOREIGN COUNTRY)   TO CITIZEN OF WHAT COUNTRY?    WISSISSIPPI   U.S.A.    10. CHYOR TOWN OF DEATH   11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE   136. COUNTY   136. CITY OR TOWN    WARYLAND   MARYLAND   MIDDLE   MIDDLE   MARYLAND    14 FATHER'S NAME   FIRST   MIDDLE   MIDDLE   MARYLAND    150 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN)   (IF YES, GIVE WAR OR DATES)   1427-76.    18 CAUSE OF DEATH Enter only one cause per line for (a), (b), or PART 1. DEATH WAS CAUSED BY. (MAMEDIATE CAUSE (a)   MAMEDIATE CAUSE (a)    18 CAUSE OF DEATH Enter only one cause per line for (a), (b), or PART 1. DEATH WAS CAUSED BY. (MAMEDIATE CAUSE (a)   MAMEDIATE CAUSE (a)    19 DUE TO, OR AS A CONSEQUENCE   MAMEDIATE CAUSE (a)   MAMEDIATE CAUSE (b)   MAMEDIATE CAUSE (c)   MAMEDIATE CAUSE (c)   MAMEDIATE CAUSE (d)   MAMEDIATE CA	TO STATE REGISTRAR  I. DECEASED NAME (TYPE OR PRINT)  I. DECEASED NAME (THE OR PRINT)  I. DEATH (THE OR PORE FOR CASE)  I. DECEASED NAME (THE OR PRINT)  I. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION, III. CITY OR TOWN  III.	The state of death    Deceased Name   First   A State   A State	PART 2 OTHER SIGNIFICANT CONDITIONS OF RESIDENCE OF DEATH  FOR BLACK  Black  S DATE OF BRITH MONTH DAY 9AR 9AR 92  3. SEX  Female  Black  Black  S DATE OF BRITH MONTH DAY 9AR 9AR 92  18 CHIZEN OF WHAT COUNTRY?  WID	DEPARTMENT OF HEALTH AND MENTAL HYGEN  CERTIFICATE OF DEATH  REG. NO.  1. DECEASED NAME  FRST  LITTLE  MCCAULEY  J. DATE OF BRITH  J. DATE

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W.	FOR			ST. DEPARTMENT O		AARYLAND I AND MENTAL	HYGENE	1 2	2 3	m 2	0
1	- STATE REGISTRAR		MEI	DICAL EXAMI	NER'S	ERTIFICATE	OF DEA	TH REG.	NO.		
	DECEASED NAM	E FIRST		WIDDIE		LAST	2	a. DATE KNOWN	MONTH	H DAY YEAR	2b. HOU
		Char		Н.		cClain		DEATH MATED		30 19 8	
	SEX	4. RACE	S. DATE OF BIRTH	YEAR LAST BIRTH	YEARS IF UN			C. DATE	HINOM		6.26
	Black	Male	9 29,		YRS.			DEAD BALTIMORE CIT	9	30 19 8	I D.
	BIRTHPLACE (					ED NEVER MA	RRIED .		_		
	CITY OR TOWN	arolin		SA PITAL, NURSING HO/	WIDOW		RCED X	Baltimo			RUSINESS
	Baltimo		(IF NOT IN SUCH FAC	nai Hospi	1	DOA		OST OF WORKING LIFE)	THE OF WORK	OR INDUS	STRY
130	ual RESIDENCE STATE Marylan	13b. COI	AE OR OTHER INSTITUTION, GIV UNITY	13c. CITY OR TOWN Baltimo		13d. INSIDE CITY LIMITS	13e STRE	et address 21 Colum	bus 1	Drive	
14	FATHER'S NAM	E	MIDDLE	LAST		15. MOTHER'S MA	IDEN NAME	MIDDLE		LAST	
L	Canos			McClain		Novie				Leach	
16	WAS DECEASI	DEVER IN U.S. A	ARMED FORCES?	16b. SOCIAL SECUR		17 INFORMANT		ADDR			
	No			241-42-	1349	Charlet	te Mc	Clain 3	721 (		us Dr
	gave cause (c lying ca	ons, if any, whi ise to immedic to immedic or to immedic or to one	ote (b)	Disease AS A CONSEQUENC  BUT NOT RELATED TO THE TE	E OF	E OR CONDITION GIVEN IN	PART 1:0%				
l									3 1		
	190 DATE O	F OPERATION	19b. CONDIT	ION FOR WHICH OP	ERATION W	'AS PERFORMED?				20. AUTOPS	
		AL CAUSE WAS G OR ING CAUSE C	F DEATH P.M	MONTH DAY YE	AR	OW INJURY OCCUR	RED LENTER N.	ATURE OF INJURY IN ITEM	A 18 PART 1 OR F	PART 2)	
	CONTRIBUT 21d INJURY WHILE AT WORK	OCCURRED NOT WHILE AT WORK		OF INJURY {AT HOME, ORY, FARM, ETC.)		CATION		CITY OR TOWN	c	COUNTY	STATE
	death resu		orge at the remains des		Autap Suicide	sy , Inspec , Hamicide TITLE (SPECIFY)	Undete	Inquiry XX,	and in my o		
1	ACTUAL SIGNATURE	1	mic Z &	tolan /1/	2^	.D. Assista	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	CAL EXAMINER	DATI		-81
1	EXAMINER'S		irginia L.	Dolan, M.I	).	ADDRESS	II Per	n Street			
1											
23	BURIAL, CREM.	ATION, REMOVA		23t. NAME OF C			23d. LOC CITY O	CATION	co	NI	STATE
	Buria]		10/6/81			t. Ch. Ce	m. Wi	llow Spri	ngs,	North C	arolir
2	Buria FUNERAL DIRE	CTOR		St. Ann	a Bap	t. Ch. Ce	m. Wi	TION Spri	ngs,	North Co	aroli



with distance The last was the second of the second 1630 simerrians (Venue, Cotonoville, 18. 21228 second to the Cotonoville)

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A. Contraction	DECISTRAD	

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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-		REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	0		
		CEASED NAME	FIRST	1	MIDDLE		LAST		MONTH	DAY YEAR	2b. HOUR
	TITHE	ORPRINT)	Char	les	Louis	MC	Coy Sr	Septembe.	r 11,	1981	M
	3. SEX	Κ		4 RACE		5. DATE (		6. AGE (IN YEARS LAST BIR	THDAY)	IF UNDER 1 YEAR	
		Male		White		Au	g 31, 1908 AR	73	YRS.	MONTHS DAYS	HOURS MIN.
1		RTHPLACE (STATE OR COUNTRY)  Maryland	FOREIGN	76 CITIZEN OF	what country? $A$ .	MARRIE WIDOWI	DEVER MARRIED DIVORCED	9. BALTIMORE CITY OF Baltimore			MD.
6		ty or town of de. Baltimore	ATH	(IF NOT IN SUC	HOSPITAL, NURSIN HEACILITY, GIVE STREET, Rueckert	ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPATI (TYPE OF WORK FOR MOST OF Insurance	F WORKING L	(E) INDUSTRY	OF BUSINESS OR
5	13a. S <i>Ma</i>	AL RESIDENCE (IF NUR. STATE Aryland	13b COUN		13t. CITY OR TOWN  Baltimo:	N	134. INSIDE CITY LIMITS?	13. STREET ADDRESS Ruec	kert	Ave	
C	14 FA	THER'S NAME Michael		WIDDLE	McCoy		15 MOTHER'S MAIDEN NA	$oldsymbol{\mathcal{L}}^{MiDDLE}$		Kube	51
		VAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU		17 INFORMANT	ADDRI	SS		
		Yes	MM	11	216-05-8	8043	Mrs Mary Ag	nes McCoy		Same	
	NOI	~	mediote ng the lost.	DUE TO, OI	r as a conseque	NCE OF	NOT RELATED TO THE TERM			VEN IN PART 1	01
2	CERTIFICATION	19a. DATE OF OPERA	TION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a. AUTOPSY?	IN CERTI	S, WERE FINDII IFYING CAUSES ES	NGS USED S OF DEATH? NO
7	MEDICAL CER	21a, ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER, NOTIFY MEDI	CAUSE OF DEA	P./	M. MONTH DA M.	Y YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUI	RY IN ITEM 18	PART I OR PART 2)	
	MED	WHILE NOT WE AT WORK	HILE		EET, FACTORY, OFFICE, FA		211 LOCATION STREET	CITY OR TO	WM	COUNTY	STATE
		22a. I certify that (I) sow the decease obove, (I) (we) (i) 22b. SIGNATURE	ed olive on	tol) ottended the	10 198	, 01	nd that in (my) (our) opinion of DEGREE  ATTENDING PHYSICIAN F	deoth occurred on the do	FF		
1		22d. PHYSICIAN'S N.	AME (TYPE O	drawn) / /	) 1	1	22e. ADDRESS				
		Faus	sto Q	Aquino,	M.D.		8713 Harfor	rd Rd Ba	ltimo	ore, Mai	ryland
	23o. B	URIAL, CREMATION,		23b. DATE		AME OF C	EMETERY OR CREMATORY	23d LOCATION			
	()	SPECIFY) Burial		9/14/	/81	Dula	ney Valley	Baltimo	re. N	rinuos	STATE

DHMH - 16 50M 1/81 (VRA 15, 4)

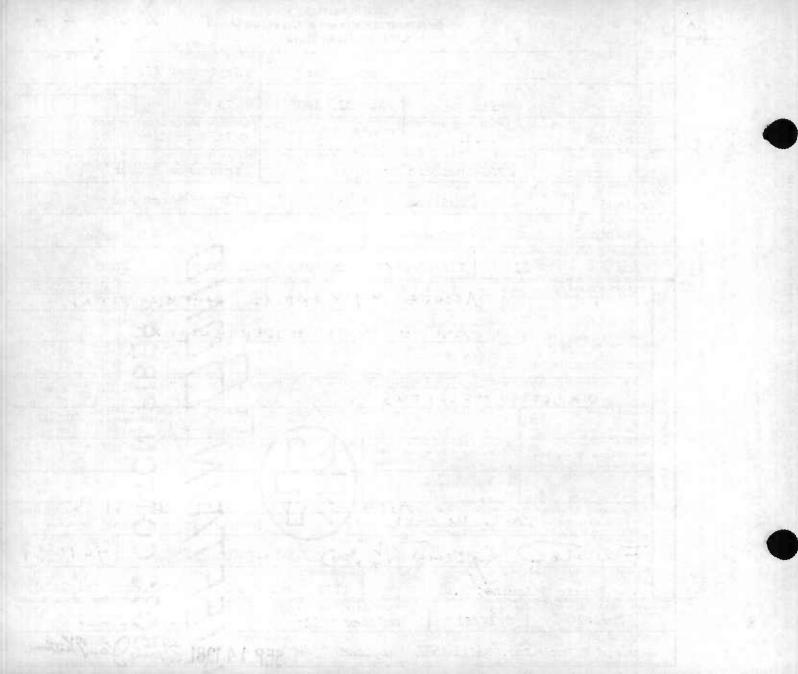
should be detached for use as the burial-transit permit. Then please remove carbanapes with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.

MPORTANT: If Hem 21 is marked or Item 18 shows any

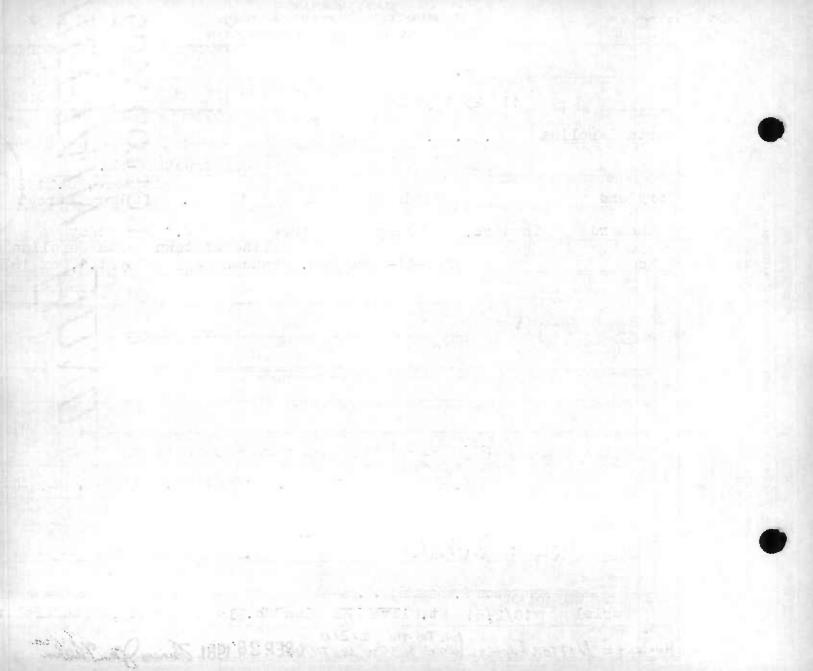
24 FUNERAL DIRECTOR

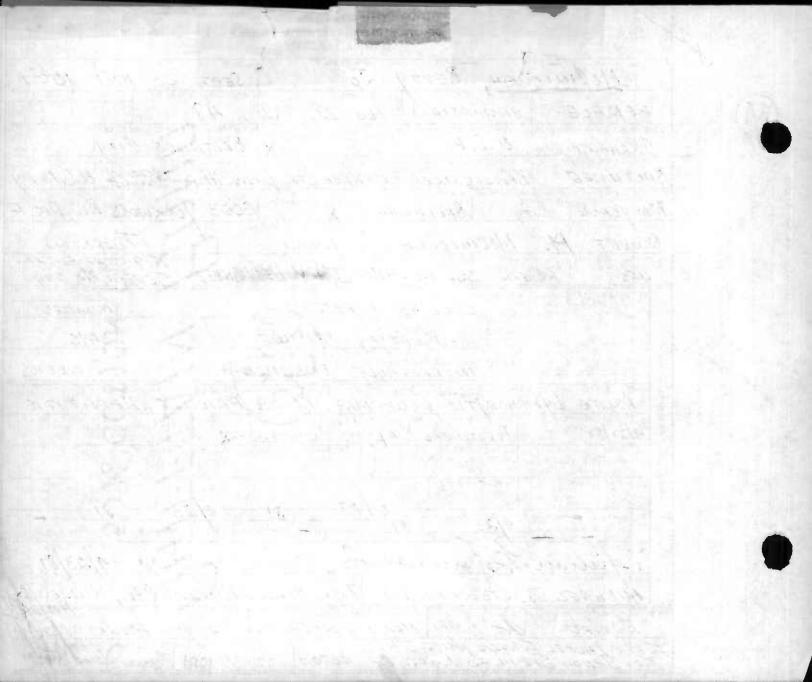
Leonard J Ruck Inc. Baltimore, Maryland

Baltimore, Maryland
250. DATE REC'D. BY REGISTRAR 250, REGISTRAR'S SIGNARY WITH



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) ESTI-WELDON DEATH MATED MCCOY SEX 4. RACE DATE OF AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE 2d. HOUR LAST BIRTHDAY) MONTHS PRONOUNCED 1931 49 YRS black male 7a BIRTHPLACE 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED North Carolina DIVORCED Baltimore City 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS Construction-Wk Baltimore University Hospital 130 STREET ADDRES Baltimore, Md. 21223 3g. STATE Baltimore Maryland W. Baltimore Street 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST Thaddeus Leonard McCoy Laura McCov 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANTELIZAbethtoweresWorth Carolina 16b SOCIAL SECURITY NO. (YES, NO, OR UNKNOWN) 241-44-8806 Mrs. Frances Hall McCoyRt.1.Box 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOL EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM TO PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, BALTIMORE, MARYLAND, 21201 PRÍOR TO BURIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY Gunshot wound of abdomen IMMEDIATE CAUSE (a)\_ DUE TO, OR AS A CONSEQUENCE OF gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 19g. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 🔽 NO [ 21g. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING OR CONTRIBUTING CAUSE OF DEATH subject shot by assailant (s) 21f. LOCATION 21e PLACE OF INJURY Street FACTORY FARM, ETC.) 2200 blk. Annapolis Rd. Baltimore, Maryland AT WORK AT WORK 22a I certify that I took charge of the remains described above, held an Inspection and in my opinian Homicide M death resulted from Undetermined monner TITLE (SPECIFY) ACTUAL SIGNATURE \_MEDICAL EXAMINER EXAMINER'S NAME 231. NAME OF CEMETERY OR CREMATORY AME Zion Ch. Bladen t.Olive County, NorthC 24. FUNERAL DIRECTOR BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH-17** (VR A15 ME (5) 15M2/80





The state of the s Omas inchi 19932 -- SEP21 Inni 25 May I and 2 should be filled

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and a should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low eroined by the hospital or attending physician.

injury, or other traumatic event, the

IMPORTANT: If hem 21 is marked or Item 18 shaws any

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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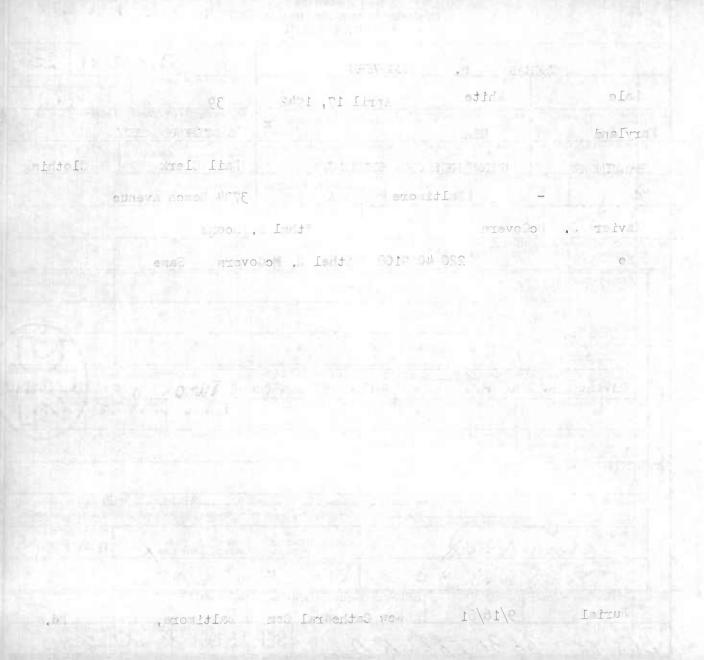
1	1 -	STATE REGISTRAR		DEPART		ICATE OF DEATH		10		
I		CEASED NAME FIRST	,	MIGDLE	L	AST	REG. N 20. DATE OF DEATH	MONTH	OAY YEAR	26 HOUR
1	YPE	GERAL	D	B	Mc	GEE		9	11 81	9.28Pm
Ì	1 SEX		4 RACE		5. DATE C		6 AGE (IN YEARS LAST B	RTHOAY)	IF UNDER I YEAR	IF UNDER 24 HRS
ı		MALE	CAUC	ASIAN	MONTH			76 YRS	MONTHS DAYS	HOURS MIN.
4	To BIF	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 AA A DDIE	D NEVER MARRIED	9 BALTIMORE CITY		Y OF DEATH	
>	W	VIRGINIA		15	WIDOWE		BALTI	MORE	CITY	MD,
-	10 CI	TY OR TOWN OF DEATH		HOSPITAL, NURSIN		ROTHER INSTITUTION	12a USUAL OCCUPA (J) YE OF WORK FOR MOST		126. KIND C	OF BUSINESS OR
	13	HITMONE	UNIV	ensim H	HOSP 17	AL.	Railroad	Retire	ed Rai	lroad
4	13a S	L RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION	134 CITY OR FOW		13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	la d		0
		MD HARAE	ARUNDEL	GLEN BU	RNIE.	YES NO	299 SC6	TIS M	ANOR	DR.
1	14. FA	THER'S NAME	MICOLE	LAST LAST		15 MOTHER'S MAIDEN NAM	WE		∠) LAS	5T
4			rnwick	MICCE	Æ	KISSIE			PRITT	
	{Y		MED FORCES? E WAR OR DATES)	16b. SOCIAL SECU	JRITY NO.	17 INFORMANT	ADDI	RESS Md.	21108	
V		No -		<b>ベンベーイイー</b>	7601	Leah J. Bara	n. 340 Reg	ina (1	. Mille	ensville
1		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	ly one couse per DBY.	line for (a), (b), or	nd (c).)	) - · · · · · · · · · · · · · · · · · ·			BETWEEN O	MATE INTERVAL ONSET AND DEATH
			E CAUSE (o)	CARON	IC P	Prac tallu	re			
1		2028	DUE TO, O	RAS A CONSEQU	ENCE OF		00 / Vadal	10001		
1		Conditions, if ony, which gove rise to immediate	(b)	REFERENCE		-OULS SHOW	e LIMITH	oma		
ı		couse (a), stating the underlying couse last	DUE TO, OI	R AS A CONSEQU	ENCE OF					
	5.		(c)(c)	NITRIBUTING TO	DC A VII BUY	NOT DELIVED TO THE TEN				
	NO	PART 2 OTHER SIGNIFICANT	MI.A	DNIKIBUTING TO	DEATH BUT	NOT RETATED TO THE TERM	INAL DISEASE OR COM	NOTION GIV	VEN IN PART III	0
1	CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		S, WERE FINDIN	
ı	TIFE						YES NO		FYING CAUSES ES 🔲	NO [
1		210. ACCIDENT WAS UNDERLYING	21b. TIME O	FINJURY M. MONTH D	AY YEAD	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF IN)	URY IN ITEM 18	PART I OR PART 2)	
1	CAL	OR CONTRIBUTING CAUSE OF DEA	(III)		19					
1	MEDICAL	21d INJURY OCCURRED	21e PLACE (	OF INJURY BET, FACTORY, OFFICE, I	FARM FIC 1	21f. LOCATION STREET	CITY OR T	OWN	COUNTY	STATE
١	<	AT WORK NOT WHILE AT WORK						1		
		22a. I certify that (1) (this haspi	1	2 1 1/	81	9/2 19 8/	, to9	111		that (1) (we) lost
1		sow the deceased alive on above (I) (we) (did) (did no	t) view the body	ofter death.		nd that in (my) (our) opinion (	death accurred on the	date and had		
1		226. SIGNATURE	7-0	100	MAN	DEGREE ATTENDING	MEDICAL STA	AFF A	221. DATE	SIGNED
4		224. PHYSICIAN'S NAME (TYPE C	R PRINT)	wan	TU	PHYSICIAN [	DIRECTOR PHYS		171	16 1
		IN II CADE	1	1011	-0	110 ADDRESS	11			
4	00 0	MICLOR	YOX		JR	OC MI	N			
		URIAL, CREMATION REMOVAL	23b. DATE	5/1981 236.1	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION		COUNTY	WAT.
	24 FU	Burial Cupti	/1 7/1	)/1701	Loudoi	r Pank (em.	Baltino E REC'D. BY REGISTRAI	re	DARK MINAT	IIId.
	N	NAME	h .	O T. AODRESS	Pasac	lena IId.	EP 1 4 1981	The	Mu Da	Marcin
1	111	culy r. 11. 1	lountian	a licz 1	reck !	ds. 21122	1 T T 100		4	4

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13	1 -	FOR STATE REGISTRAR		DEPARTM	ENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENEO 1 2	3 4 2 /
ay be oage 3		CEASED NAME FIRST OR PRINT)	HOMAS	P. MC	GOVE	AST CONTRACT	20. DATE OF DEATH MONTH	12 8 25 PM
tor, page ofter deo	3. SE		4. RACE Whit		5. DATE O	F BIRTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	1 17, 1942  D NEVER MARRIED 7	9. BALTIMORE CITY OR COUNT	
(M) III		aryland	(IF NOT IN SUC	HOSPITAL, NURSING	DDRESS)	R OTHER INSTITUTION	BALTIMORE CI  120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING I	12b. KIND OF BUSINESS OR INDUSTRY
ND 2120	13a. S	BALTTMORE  ALRESIDENCE (IF NURSING HOND  STATE  13b CI  Md		MEMORIAL GIVE RESIDENCE BEFORE 13c. CITY OR TOWN Baltimer	ADMISSION)	13d INSIDE CITY LIMITS?	Mail Clerk  136. STREET ADDRESS 3734 Beech Aver	Clothing
within within aletely and 2 should		ATHER'S NAME	McGovern	LAST	e .	YES NO D		LAST
SALTIMORE, M. cote be executed spicion and comp spers. Pages I or val. it, the medical ex		VAS DECEASED EVER IN U.S		166 SOCIAL SECUR		17. INFORMANT Ethel R. McG	ADDRESS	
201 W. PRESTON ST., BAL es that the death certificate ned by the attending physici please remove carbanpaper uriol, cremation, or removal. r, or other traumatic event, th		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, O  DUE TO, O  DUE TO, O  C  DUE TO, O  C  (c)	CARDIAC  R AS A CONSEQUE  R AS A CONSEQUE	ARRE NCE OF			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
RECORDS,  I low requir  os been sign  sermit. Then  sermit and  sery injury	CERTIFICATION	- A A	TRIAL AB	RILLATION	'HIST		200 AUTOPSY? 206 JIF YE	S, WERE FINDINGS USED  EYING CAUSES OF DEATH?  ES   NO
N OF VI	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O (IF EITHER NOTHY MEDICAL EXAM	MINER) HOUR A.	M. MONTH DA M.	Y YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM 18,	PART I OR PART 2)
DIVISION DING PHY ar ottendi After this se os the bu ofth ond M marked or	MED	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	(AT HOME STI	OF INJURY REET, FACTORY, OFFICE, FA		STREET	CITY OR TOWN	COUNTY STATE
haspitol haspitol haspitol liRECTOR; thed for usept. of Hem 21 is		27a. I certify that (I) (this h sow the deceased alive above, (I) (we) (did) (di 27b. SIGNATURE	e on	19	, on	DEGREE	deoth occurred on the date and ha	22c. DATE SIGNED
HOSPITAL ined by th FUNERAL wid be deter with Stote		224 PHYSICIAN'S NAME (T	YPE OR PŘÍNT)  WARS	m.a.		ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN	12 58/7-8
20 7 BP	23a 8	SURIAL, CREMATION, REMO	VAL 23b. DATE 9/16/8	0.4		EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
DHMH-16 30M 2/80 (VRA 15, 4)	24 FI	SURCEE	3631	FALL.	RI	n. Cem	E REC'D. BY REGISTRAR PREGISTANCE 15 1981 France	



DEDADTMENT OF HEALTH AND MENTAL HYCICAL

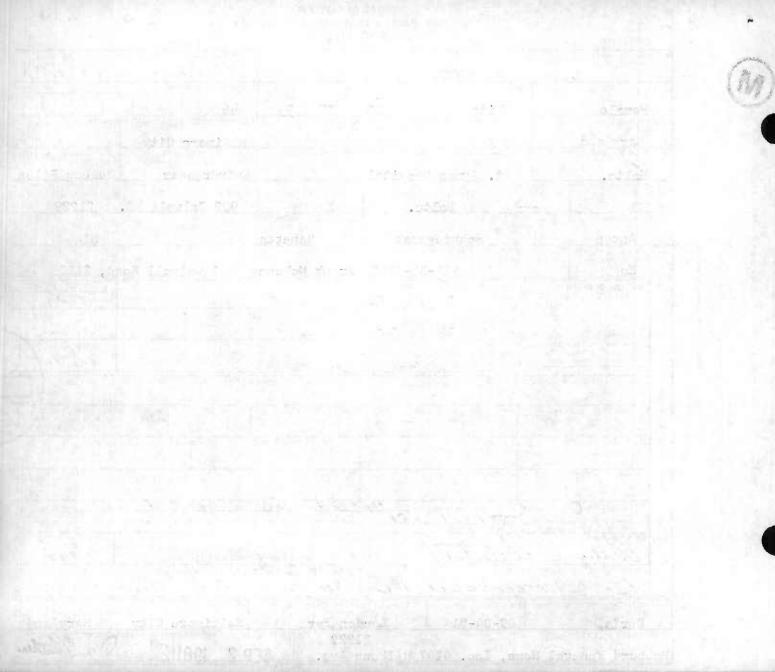
1	STATE REGISTRAR			DEI A		ICATE OF	DEATH	REG. N	D.		
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10. CI	TY OR TOWN OF		11. NAME OF H		SING HOME			120 USUAL OCCUPATI	ON		OF BUSINESS OF
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14. FA	THER'S NAME		-	Balto	) .	70	S MAIDEN NA	902 Calw	ell Rd	e 6-	229
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14- 14	Anton VAS DECEASED E	VED INITIS AD		hwiege		17_INFORMA	Benetta	ADDRE	CC	Hig	<u>th</u>
	ES, NO OR UNKNOWN		E WAR OR DATES)								
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	18 CAUSE OF D	EATH (Enter on	ly ane cause per	line far (a), (b).	, and (c).)					APPROX BETWEEN	IMATE INTERVAL ONSET AND DEATH
	PART I. DEAT	H WAS CAUSE	DBY: E CAUSE (o)	Resy	scute	a	rest			/	Mr.
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Z	PART 2. OTHER	SIGNIFICANT	.ONDITIONS <u>CO</u>	NIKIBUTING	IO DEATH BUT	NOTRELATEL	7 TO THE TERM	IIINAL DISEASE OR CON	JIHON GIVE	IN IN PART III	31
CERTIFICATION	19a DATE OF OP	FRATION	19h CONDU	TION FOR WH	ICH OPERATIO	N WAS DEDEC	PAAED	20g AUTOPSY?	20h IE VES	WERE FINDIN	MGS LISED
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RTI	a. Accidental	CINICONIUNIO F	7 411 7145 00	TALLILIDY.		Tat. Howe		YES NO			NO 🗌
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MEDICAL	21d INJURY OCC	CURRED	21e PLACE C	OF INJURY	CE EADM ETC.)	21f. LOCATIO		CITY OR TO	wN	COUNTY	STATE
2	AT WORK A	T WHILE I	(At HOME, SIKE	ELI, FACTORI, OEFI	CE, FARM, ETC.)						
	220.1 certify tho	t (1) (this hospi	tal attended the	deceased fra	m /// d	R 24	19 80	to SEPT	. /	981	that (I) (we) los
			t) view the body		01	nd that in (my)	(our) opinian	deoth accurred on the de	ate and haur		
	22b. SIGNATURE		t) view the body	ofter deoth.	0	DEGREE		/		22c, DATE	SIGNED
	lehie.		1000	100	-	10	ATTENDING _	MEDICAL STAI	F _	0/	1/01
	22d. PHYSICIAN	S NI AME COURS	vally	uce!			- 6	DIRECTOR   PHYSIC		1/	18
	/ PHISIVIAN	. //	1	2	ma	22e ADDRES	SST A	GNES HOS			
	Wm.	C WA:	TERFUS	ELO	mo	100	CA 10.	N HOE	DAL	7 21:	229
	URIAL, CREMATION	ON, REMOVAL	23b. DATE	2	3c. NAME OF C	EMETERY OR	CREMATORY	23d. LOCATION		COUNTY	STATE
1	Burial		09-04-	-81	Lou	don Pa	rk	Baltimore	City		rvland

DHMH-16 30M 2/B0 (VRA 15, 4)

24 FUNERAL DIRECTOR Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

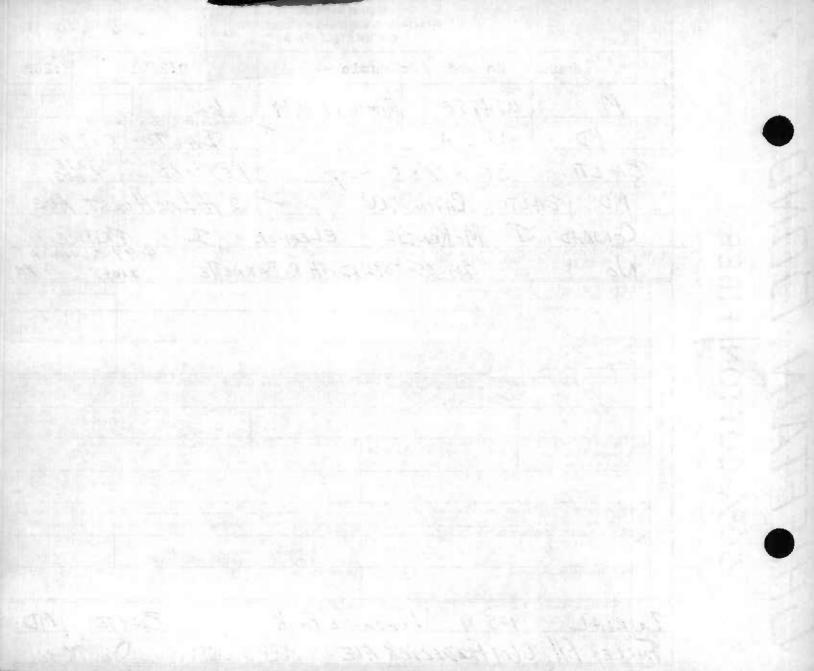
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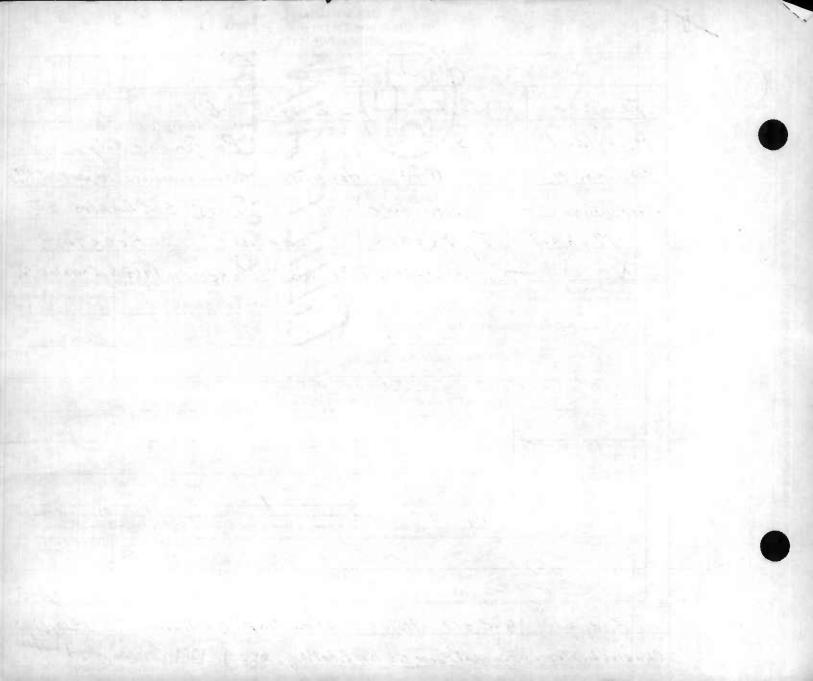
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		STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE \$2 \ 2 \ 3 \ 4 \ 3
		- STATE REGISTRAR  CERTIFICATE OF DEATH  REG. NO.
2 75		DECEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR 12 PEOP PRINT) Edmund Howard McKenzie 9/2/81 8:20
the pool	3.	SEX MARCE S. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 1 YEAR IN
Jeeth, For	Ja	BIRTHPLACE (STATE OR FOREIGN TO. CITIZEN OF WHAT COUNTRY? & MARRIED NEVER MARRIED NEVER MARRIED DIVORCED DIVORC
s ofter de by the fur filed within	0 10	CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  120. USUAL OCCUPATION  (IT NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  110. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
24 hours filled in b ould be fi	5 13	SUAL RESIDENCE IN NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)  a. STATE ND 136 STREET ADDRESS  A JONS VICE YES NO P HOLDE HURST AVI
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nd com ges la	16	I. WAS DECEASED EVER IN U.S. ARMED FORCES? 168 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 4097 COLUMB!
ion o	4_	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
e death cer attending nove carbo ation, ar re troumatic e		Canditians, if any, which gave rise to immediate  DUE TO, OR AS A CONSEQUENCE OF  Canditians, if any, which gave rise to immediate
the rem		cause (a), stating the underlying cause last.  DUE TO, OR AS A CONSEQUENCE OF
uires that the igned by the en please ren burial, crem	2	cause (a), stating the underlying cause last.  DUE TO, OR AS A CONSEQUENCE OF  (c)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
low requires that the solutions of the fermit. Then please red e prize to burial, crem is sony injury, or other is	X INC. A TOWN	cause (a), stating the underlying cause last.  DUE TO, OR AS A CONSEQUENCE OF  (c)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
The low requires that the icion.  te has been signed by the sist permit. Then please requirent to buriol, crem splease non your to buriol, crem the shows on your, or other the	NOTE STATES	DUE TO, OR AS A CONSEQUENCE OF  Underlying cause last.    DUE TO, OR AS A CONSEQUENCE OF    PART 2 OTHER SIGNIFICANT CONDITIONS   CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)    19a. DATE OF OPERATION   19b. CONDITION FOR WHICH OPERATION WAS PERFORMED   20a. AUTOPSY?   20b. IF YES, WERE FINDINGS USES IN CERTIFYING CAUSES OF DEAT YES   NO     21a. ACCIDENT WAS UNDERLYING   21b. TIME OF INJURY   NO   10c. ACCIDENT WAS UNDERLYING   21b. TIME OF INJURY   NO   10c. ACCIDENT WAS UNDERLYING   21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)
PHYSICIAN: The law requires that the rending physician.  this certificate has been signed by the buriol-transit permit. Then please ren and Mental Hygiene prior to burial, crem d ar Hem 18 shows any injury, or other 1	NOTIFICATION INCIDENT	Cause (a), stating the underlying cause last.  DUE TO, OR AS A CONSEQUENCE OF  Underlying cause last.  (c)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)  198. DATE OF OPERATION  198. CONDITION FOR WHICH OPERATION WAS PERFORMED  210. ACCIDENT WAS UNDERLYING   216. TIME OF INJURY OR CONTRIBUTING   CAUSE OF DEATH OF CONTRIBUTING   CAUSE OF DEATH OWN MONTH DAY YEAR  (IF EITHER NOTHER MEDICAL EXAMINER)  P.M. 19
ATENDING PHYSICIAN: The law requires that the spital or attending physician. CTOR: After this certificate has been signed by the fourse as the buriol-transit permit. Then please ret of Health and Mental Hygiene prirar ta burial, crem is 1 is marked at Health and Mental Hygiene prirar ta burial, crem 12 is marked at Hem 18 shaws any injury, at other 1	7 3	Cause (a), stating the underlying cause last.  DUE TO, OR AS A CONSEQUENCE OF  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)  19a. DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION WAS PERFORMED  20a. AUTOPSY?  10b. IF YES, WERE FINDINGS USEI IN CERTIFYING CAUSES OF DEATH YES NO CONTRIBUTING CAUSES OF DEATH YES NO CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR  11d. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR  11d. INJURY OCCURRED  21a. ACCIDENT WAS UNDERLYING PART 1 OR PART 2)  21b. TIME OF INJURY  P.M. 19  21c. HOW INJURY OCCURRED  21d. HOW INJURY OCCURRED  21d. HOW INJURY OCCURRED  21d. TOTOWN COUNTY S  21d. LOCATION  STREET  CITY OR TOWN  COUNTY  5
OR ATTENDING PHYSICIAN: The law requires that the haspital or attending physician.  DIRECTOR: After this certificate has been signed by the oched for use as the build-transit permit. Then please ren Dept. of Health and Mental Hygiene print ta burial, crem them 21 is marked or them 18 shows any injury, or other if	7 3	Cause (a), stating the underlying cause last.  DUE TO, OR AS A CONSEQUENCE OF  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).  19e. DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION WAS PERFORMED  20e. AUTOPSY?  YES
ITAL OR ATTENDING PHYSICIAN: The low requires that the by the hospital or attending physician.  SRAL DIRECTOR: After this certificate has been signed by the detached for use as the buitol-transit permit. Then please real state Dept. of Health and Mental Hygiene prior to burial, crem. MT: If them 21 is marked an Hem 18 shows any injury, or other them.	7 3	COUSE (01), stating the underlying cause last.  DUE TO, OR AS A CONSEQUENCE OF  (c)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  196. DATE OF OPERATION  196. CONDITION FOR WHICH OPERATION WAS PERFORMED  206. AUTOPSY? YES  NOT CERTIFYING CAUSES OF DEATH IN CERTIFYING CAUSE OF DEATH IN CERTIFYING CAUSES OF DEA
LOR ATTENDING PHYSICIAN: The low requires that the haspital ar attending physician. LDIRECTOR: After this certificate has been signed by the tached for use as the buriol-transit permit. Then please ret e Dept. of Health and Mental Hygiene prior to buriol, crem if them 21 is marked ar them 18 shows any injury, ar other if them	7 New York	Cause (a), stating the underlying cause last.  DUE TO, OR AS A CONSEQUENCE OF  (c)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)  19e. DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION WAS PERFORMED  20e. AUTOPSY? 20b. IF YES, WERE FINDINGS USET IN CERTIFYING CAUSES OF DEATH YES NO PERFORMED  21e. ACCIDENT WAS UNDERLYING AUSE OF DEATH HOUR A.M. MONTH DAY YEAR 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)  21d. INJURY OCCURRED  21d. INJURY OCCURR

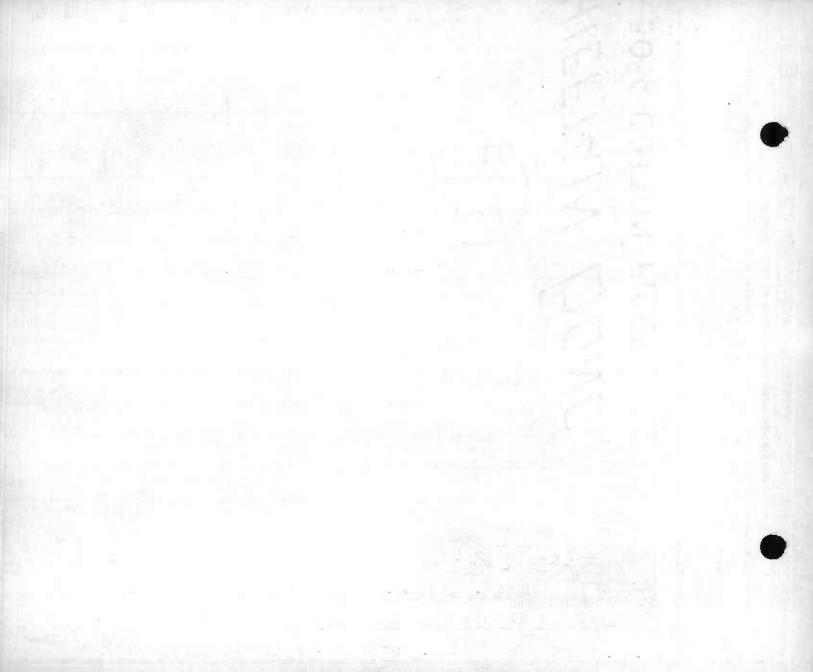




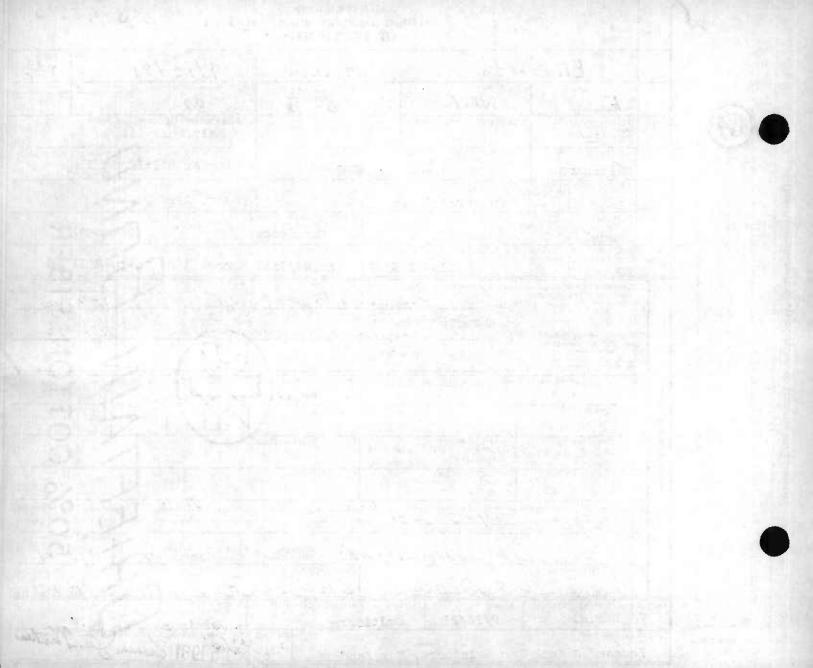
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		STATE REGISTRAR		MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.											
		CEASED NAME	FIRST		WIDDLE		LAST		26. DATE KI	NOWN [X]	MONTH DA	Y YEAR	26 HOUR		
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1	3 SEX	4. R	ACE	5. DATE OF BIRTH	6. AC	GE (IN YEARS IF U	DER TYR. IF U	NDER 24 HRS.	2c. DATE		MONTH DA		2d. HOUR		
	fe	emale	negro	5 4		8 YRS.	HS DAYS HOL	JRS MIN	PRONOUNC DEAD	ED	9 17	7 19 81	11:5		
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2		MD		US.	A	WIDOV	-	VORCED X	Balt	imore	City		MD		
1	10. C1	TY OR TOWN OF D	EATH	11. NAME OF HOSP	ITAL, NURSING	HOME, OR OTH	IER INSTITUTION		JAL OCCUPA			KIND OF BUS			
U		Baltimore	е	4699 F	reedom	Way West		POR	WOST OF WORKIN	4G LIFE)		OK IIADOSIK			
	USUA 13a. S		HURSING HOME OF	OTHER INSTITUTION, GIVE	RESIDENCE BEFORE	E ADMISSION)	13d. INSIDE CITY LIA	HTCI III STD	EET ADDRESS						
5		MD			Balti			0 🗆	2419		estor	st.			
	14. FA	THER'S NAME		MIDDLE	LAST		15. MOTHER'S /	MAIDEN NAME	MIDI	DIE		LAST			
		Lorela		M <sup>-</sup>	urphy		Hest		AUD		Conw	onway			
7	16a V	VAS DECEASED EV	ER IN U.S. ARM	NED FORCES?	16b. SOCIAL S	ECURITY NO.	17. INFORMAN			ADDRESS					
1		No	( , , , , , , , , , , , , , , , , , , ,		214-2	20-3550	Evelyr	n Ande	rson	2419	E. Pr	E. Preston St.			
I		18 CAUSE OF DE	ATH (Enter anly	y ane cause per line f	ar (a), (b), and	(c).)	EID JEE	TILL			BI	APPROXIMATE ETWEEN ONSET	INTERVAL AND DEATH		
1		PARTIDEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease													
201 PRIOR TO BURIAL, CREMATION, OR REMOVAL		4393 (DUE TO, OR AS A CONSEQUENCE OF													
REA	_	Conditions, If any, which gove rise to immediate (b)													
		cause (a) stating the <u>under</u> - lying cause last.  DUE TO, OR AS A CONSEQUENCE OF													
		Tying coose rost.													
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 101													
	O	Diabetes mellitus													
2	CAT	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?										20 AUTOPSY?			
	CERTIFICATION					YES NO									
2		216 EXTERNAL CAUSE WAS  216. TIME OF INJURY  UNDERLYING OR  216. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART I OR PART  UNDERLYING OR													
1	MEDICAL	CONTRIBUTING [	CAUSE OF D	EATH P.M.		19									
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		22a I certify the	at I taok chorae	af the remains descr	ribed abave, he	eld an Autap	sy , losi	pection X.	Inquiry	] and	ın my apıniar	7			
		death resulted fr		[V]	Accident	Suicide _	Hamicide		ermined man		,				
BALTIMORE, MARYLAND, 2		Electron 1	MA.	0 0			TITLE (SPECI								
		ACTUAL SIGNATURE	MMA	NAN		A	,	tant MED	ICAL EXAMIN	JER	DATE SIGNED	9-18-	81		
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	(3	Buria	al	9/23/81	Mt.	Calvar	y Cem.	B	altim	ore	CO.	MD			
	-	JNERAL DIRECTOR		ADDRESS				DATE REC'D. BY	REGISTRAR	25b. REGIST	RAHSIGN	Mar.			
)	Wr	n. C. Ma	arch F	/H 1101	E. No	orth Av	e.	SEPE	1 1981	Crone	· Ma	There	Ears .		

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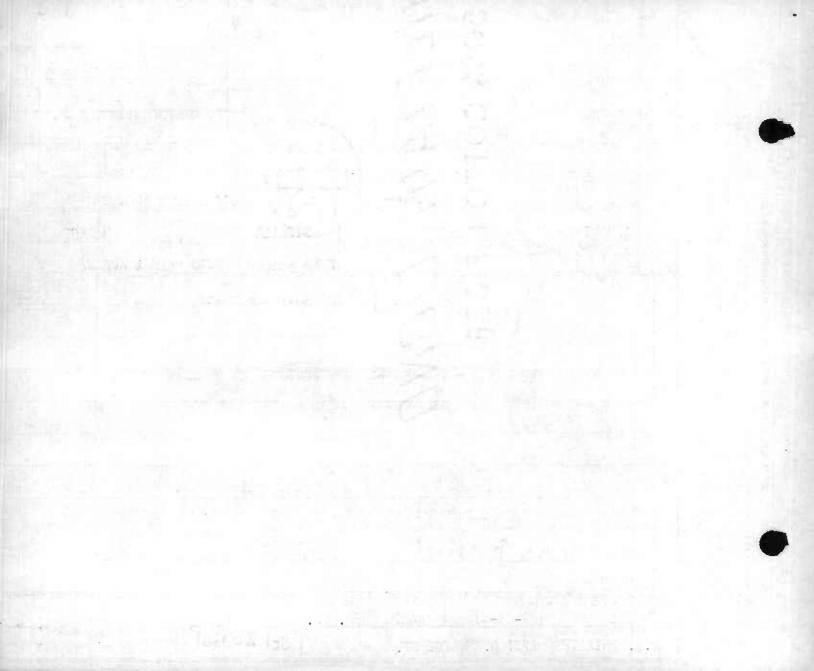
		FOR STATE		DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2 3 4														
w	1. DE	REGISTRAR CEASED NAME E OR PRINT)	1.3. 509	OF ESTI-								XXMON		YEAR	26 HOUR			
ECESSARY, PLEASE NERAL DIRECTOR. OUR FILES. ON STREET,	3. SEX	ale	black		W. RTH DAY YEAR 13 0	LAST BIRTH	EARS IF UN	NDER 1 YR.	IF UNDER 2	4 HRS 2c. D	ATE DUNCED EAD	MONT		1987 YEAR	2d HOUR 12:10			
T FONEGAR	7a. BI	RTHPLACE (STA		76. CITIZEN OF			To	IED <b>X</b> NEV	DIVORCE			Y OR COU	COUNTY OF DEATH PM					
MORE, MD. 21201 RE DEATH. IF ANY DELAY IS NE PAGES 1, 2, AND 3 TO THE FUI PAGE S 1 AND 2 SHOULD BE FILLE IN OFWITAL RECORDS, 201	В	altimor	е		O BIK	STREET ADDRESS 01dham	Stree	er institut et	ION	12a. USUAL OC FOR MOST OF	PUPATION ( WORKING LIFE)	NPE OF WOR	KK 120 KII	120 KIND OF BUSINESS OR INDUSTRY				
IF ANY E RETAIN SHOULD LARCORD	130. S	MD	IF IN NURSING HOME O		13c. CIT	e before admis y or town ltimo:		13d INSIDE CIT	NO 🗌	13e. STREET AD 2903		sor	Aven	ue				
ORE, MD.		THER'S NAME Elijah	EVER IN U.S. ARA	MIDDLE		LAST night DCIAL SECUR	TV NO	15. MOTHER	-	NAME	ADDRE	Fec		LAST				
BALTIMORE, RS AFTER DEA GIVE PAGES VITH FORM P PAGES I AN	(A)	NO OR UNKNOV	(IF YES, GIVE	WAR OR DATES)	21	5-07-				M. M				Wind				
RDS, 201 W. PRESTON ST., B. EXECUTED WITHIN 24 HOURS NG" IN PENCIL IN ITEM 18. G CAL EXAMINER ALONG WIT 6 BURIAL - TRANSIT PERMIT. P. 4 AND MENTAL HYGIEIE, DIN WATION, OR REMOVAL.		Cause OF DEATH (Enter only one cause per line far (a), (b), and (c).)  PART I DEATH WAS CAUSED BY:  Arteriosclerotic cardiovascular disease    Canditions, if any, which gave rise to immediate cause (a) stating the under-lying cause last.    Cause last   Cause last   Cause last										BETV	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
WITAL RECORDS, SHOULD BE EXECORD ORD "PENDING" CHIEF MEDICAL E. USED AS A BUIL TO F HEATH AN URIAL, CREMATI	CERTIFICATION	PART 2 OTHER SIG	NIFICANT CONDITIONS		EATH BUT NOT REI					1 (0),			20 AUTOPSY?					
DIVISION OF VITAL S CERTIFICATE SHOUI RITING THE WORD " ROBD TO THE CHIEF AS 3 SHOULD BE USE FOR ARMANTO OF H FOIL PRIOR TO BURIAL			OR IG CAUSE OF D	HOUR	E OF INJURY A.M. MONTH P.M.	H DAY YEA	21c H	OW INJURY	OCCURRED	(ENTER NATURE C	F INJURY IN ITEM	18 PART 1 OR		YES 🖟	NO []			
DIVISI THIS CERT WARDED PAGE 3 SH TATE DEP	MEDICAL	21d. INJURY OF WHILE AT WORK	NOT WHILE C	STREET	CE OF INJUR , FACTORY, FARM,			CATION		слуо	RTOWN		COUNTY		STATE			
TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DE EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGE PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH PORM ATER DEATH, WITH HE STATE PERSENTANT OF HEALTH AND MENTAL PREMIT. PAGES 1 ATER DEATH, WITH HE STATE PERSENTANT OF HEALTH AND MENTAL HYGIENE. DIVISION OF BALLIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.		220 I certify death resulter ACTUAL SIGNATURE EXAMINER'S N (TYPE OR PRIN	1	e of the remoins	XX Accident	,	Autop vicide	Hamicio TITLE (SP ASS	ecufy) istant	Undetermined  L MEDICALE  The Stre	(AMINER		TE GNED	<u>9/22/</u> 201	<u>'81</u>			
DEA DEA DEA	230.BI		ION, REMOVAL 2		23c.		METERY O	R CREMATO		123d. LOCATIO			YTHUG	MD	ATE			
DHMH-17 (VR A15 ME (5)) 15M 2/80	-	JNERAL DIRECT		ADD	ľo1 e			2	SEP	24 19		nces	SSIGNA	Warth	w			



Leonard J Ruck Inc Baltimore, Maruland



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME 2a. DATE KNOWN 7h HOUR MONTH (TYPE OR PRINT) OF ESTI-MCLEOD COUR-FILES. 472 HOURS CON STREET, 9-21-81 LEWIS SEX 4. RACE 5. DATE OF BIRTH & AGE (IN YEARS IF UNDER 1 YR. DIRECT IF UNDER 24 HRS DATE 2d HOUR I AM YEAR LAST BIRTHDAY PRONOUNCED 9-21-81,0 53 10 28 YRS DEAD Th CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED YY NEVER MARRIED FOREIGN COUNTRY JAMAICA JAMAICA WIDOWED DIVORCED Baltimore City ID. CITY OR TOWN OF DEATH SHOULD BE FILED 12ª USUAL OCCUPATION (TYPE OF WORK NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS OR INDUSTRY Baltimore 2300 blk. Cylburn Ave. MECHANIC 136 COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS MARYLAND BALTIMORE 5410 NELSON AVENUE YESXX NO [ 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME GIVE PAGES 1, ITH FORM PM PAGES 1 AND 2 IVISION OF VITA FIRST MIDDLE NATHANIEL McLEOD MCLEOD SIBELLA 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS CHIEF MEDICAL EXAMINER ALONG WITH FOR E USED AS A BURIAL-TRANSIT PERMIT. PAGES I T OF HEALTH AND MENTAL HYGIENE, DIVISION ( EDNA MCLEOD 5410 NELSON AVENUE CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (9) Smoke and soot inhalation and thermal burns OR REMOVAL DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (6) CERTIFICATION NER: ITING THE WORLD TO THE CHIEF ME FORWARDED TO THE CHIEF ME TOR: PAGE 3 SHOULD BE USED A! THE STATE DEPARTMENT OF HEA! IT THE STATE DEPARTMENT OF HEA! IT THE STATE DEPARTMENT OF HEA! IT IT THE STATE DEPARTMENT OF HEA! 19a DATE OF OPERATION 19% CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 😿 NO T 21a. EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART LOR PART 2 UNDERLYING OR CONTRIBUTING CAUSE OF DEATH undetermined 211. LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY (ATHOME, EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNEARD DIRECTOR: PAGE 31 AFTER DEATH, WITH THE STATE DE BATTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.1 2300 blk. Cylburn Ave. Baltimore, Maryland NOT WHILE AT WORK street 22a. I certify that I taak charge of the remains described above, held an Inspection Inquiry and in my apinian Undetermined manner TITLE (SPECIFY) ACTUAL DATE 9-21-8: Assistant SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Korell M.D. Margarita 111 Penn Street **ADDRESS** 23d. LOCATION BURTAL BALTIMORE
DBY PEGISTRAP TSI REGISTRAP SSIGNATURE 9-25-81 ARBUTUS MEM. PK. 24 FUNERAL DIRECTOR **DHMH-17** E'L. PHILLIPS 1721 NO MONROE ST. (VR A15 ME (5)) 15M 2/80



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO L DECEASED NAME LAST MC NEILL NATHANTEL 2a. DATE OF DEATH MONTH YEAR 26 HOUR (TYPE OR PRINT 4 RACE 3. SEX 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 4 6 AR DAY DAYS HOURS. 35 To BIRTHPLACE (STATE OR FOREIGN COUNTRY 9 BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT MARRIED NEVER MARRIED USA N.C. DIVORCED WIDOWED IO CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY USUAL RESIDENCE / IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 130 STATE 1136 COUNTY 13d. INSIDE CITY LIMITS? 2929 W. Mosher St. Baltimore MD YES X NOF 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIODLE MIDDLE McNeill Neal Naomi McCov ADDRESS BALTIMORE. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 166 SOCIAL SECURITY NO LYES, NO OR UNKNOWN) I IF YES, GIVE WAR OR DATES! Eugene McNeill 2929 W. Mosher St. N/A No BETWEEN 18 CAUSE OF DEATH (Enter only one couse per I PART I. DEATH WAS CAUSED BY DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., IMMEDIATE CAUSE AS DIRA Conditions, if ony, which A CONSEQUENCE OF gove rise to immediate couse to stating the Ziphre underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) IFICATION 20g. AUTOPSY? 20h IF YES. WERE FINDINGS USED ā IN CERTIFYING CAUSES OF DEATH? NO I NO YES [ Hygi 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART ) OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION 2 0 CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE WHILE NOT WHILE 22a Certify that (1) (this hospital) attended the deceased from, sow the decease alive on 4 - C for above (1) (wa) (did) did not yew the body other death. and that in (my) (aur) opinion death accurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE 22c. DATE SIGNED be detact e State De + ATTENDING MEDICAL STAFF FUNERAL I PHYSICIAN DIRECTOR PHYSICIAN MPORTANT. 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN COUNTY STATE Westview Memorial Burial Baltimore 26/81 Co MD 24 FUNERAL DIRECTOR DHMH - 16 50M 7/77 NAME 1101 E. North Ave. (VR A 15 (4)) Wm. C. March F/H

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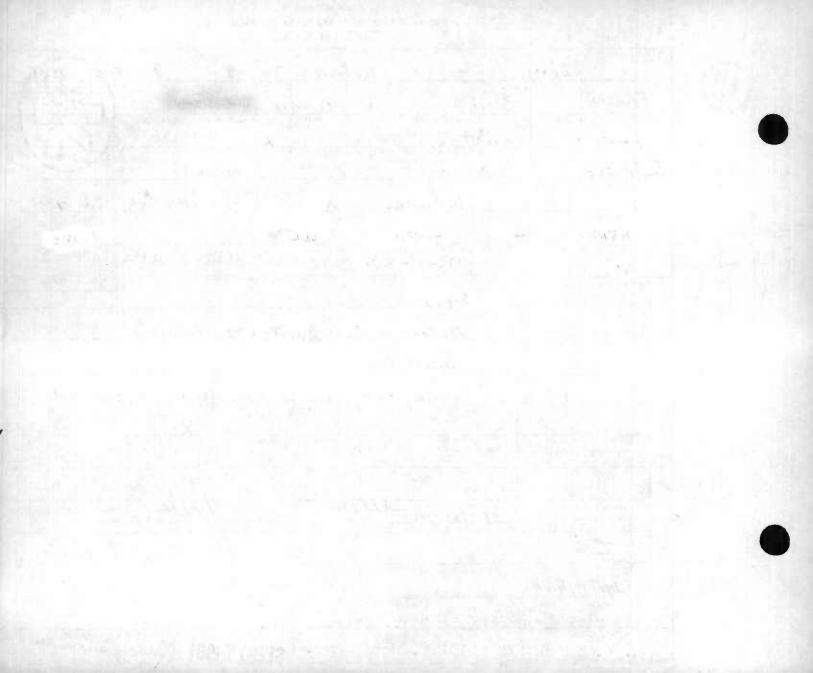
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

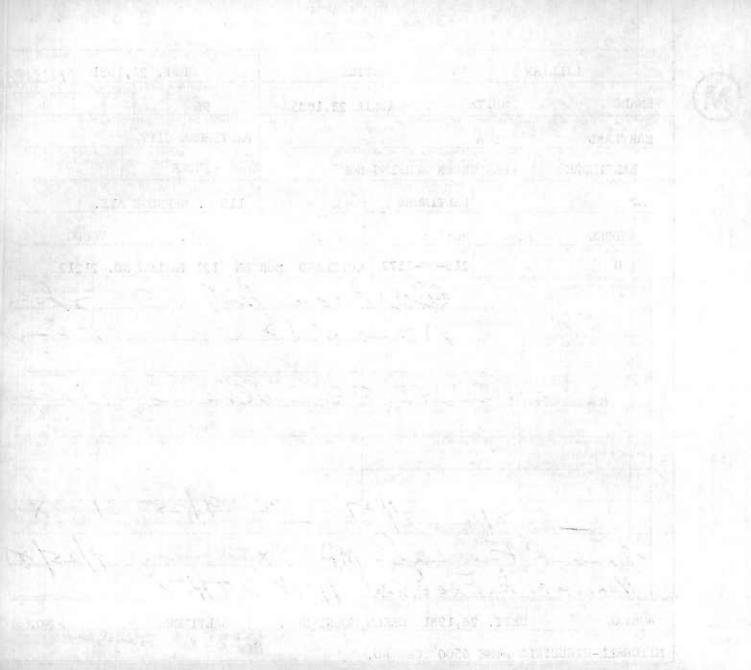
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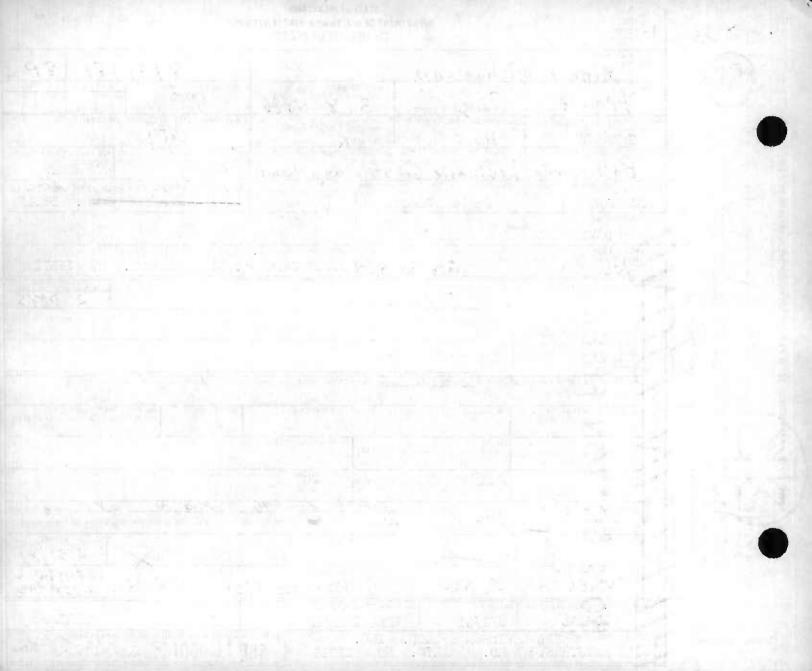
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(VRA 15. 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

DHMH - 16 50M 1/81 (VRA 15, 4)

- STATE

TYPE OF PRINTS

REGISTRAR

DECEASED NAME

24 FUNERAL DIRECTOR W.C. MARCH F/H 1101 E. NORTH AVE.

9/21/81

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CREMATION

CATONSVILLE 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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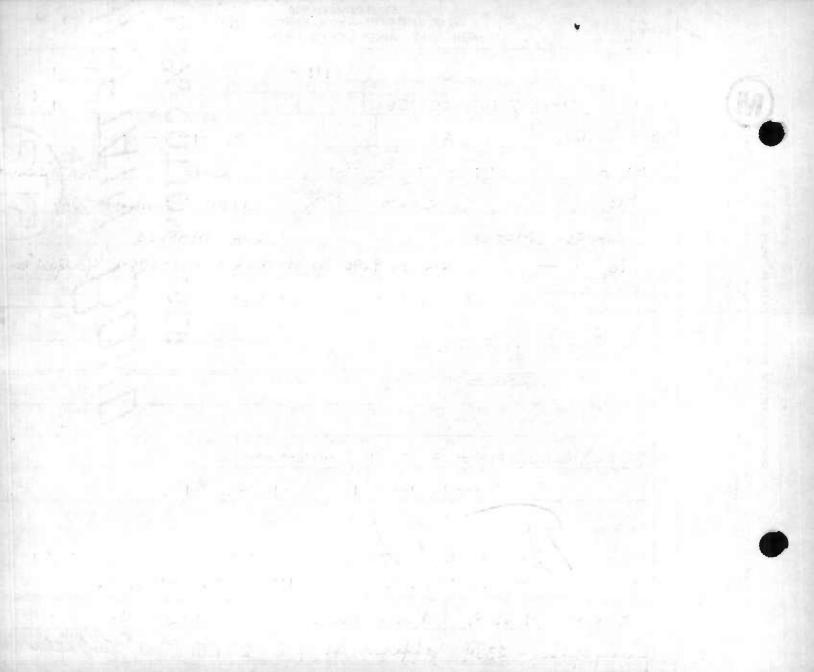
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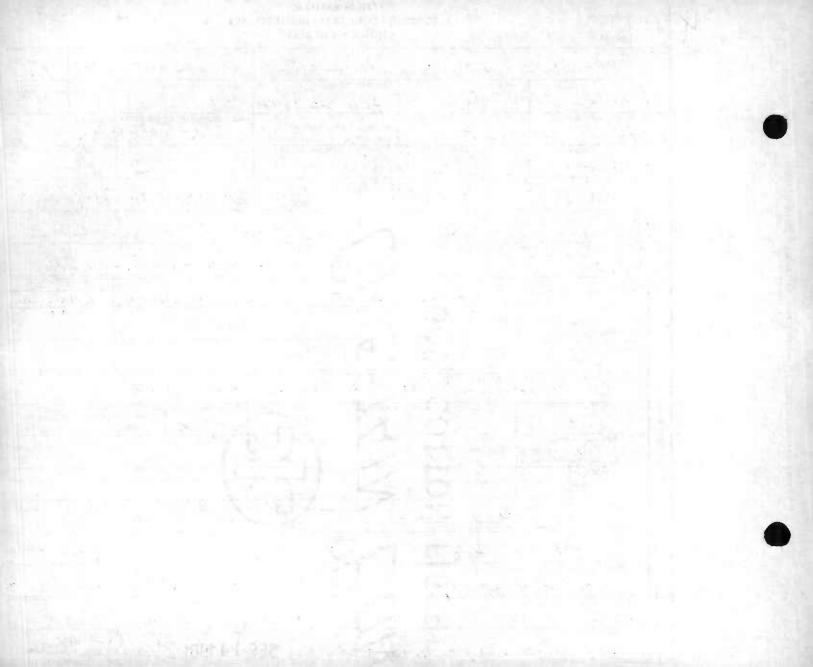
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		REG.	NO.	
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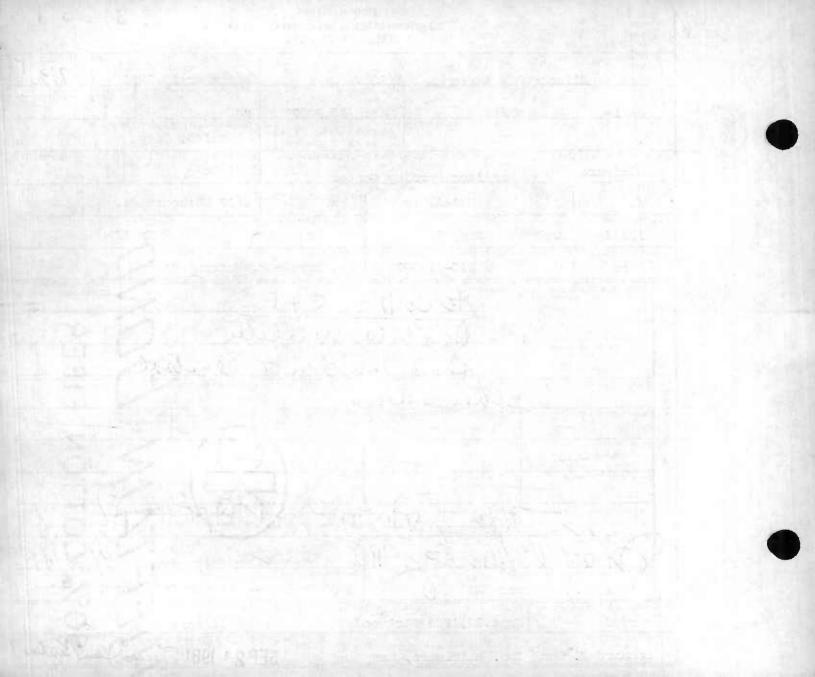
REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
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Eliza	beth Marie	Miller	September 19.198	7 7:30 4
3. SEX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR IF UNDER 24 HRS
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O CITY OR TOWN OF DEATH		NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	MD.
Baltimore	Hamilton Nurs		At Home	INDUSTRY
ISUAL RESIDENCE (IF NURSING HOMI 130 STATE 13b CC	E OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE	E ADMISSION)	134517 ADDRESS OURT R	d.
14 FATHER'S NAME Philip And	drew Herget	15. MOTHER'S MAIDEN NA Mary	ME MIOOLE Kno	11 LAST
160. WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES,		DRITY NO. 17 INFORMANT 1076 D Mrs. Myrtle 1	ADDRESS M. Watson same	
PART I. DEATH WAS CAL IMMED  Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR A.S. A CONSEQUE	10- CHF  NICE OF WILL  ENCE OF LINE TO	itiz Electrol	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Z O HER SIGNIFICAN	AT CONDITIONS A PIRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	NINAL DISEASE OR CONDITION GIVE	EN IN PART 1101
NO IN INC. INC. INC. INC. INC. INC. INC. I	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTIF	, WERE FINDINGS USED YING CAUSES OF DEATH?
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM) 21d. INJURY OCCURRED	DEATH HOUR A.M. MONTH D.  NER) P.M.  21e PLACE OF INJURY	19 211 LOCATION	RED (ENTER NATURE OF INJURY IN ITEM 18, P.	ART I OR PART 2)  COUNTY STATE
WHILE NOT WHILE T	LALBOME, STREET, FACTORY, OFFICE, F	AKM, EIC J STREET	CITORIONI	O/
	on the body ofter death.	, and that in (my) (our) opinion	death occurred on the date and hour	, that (I) (we) last and from the couses stated
226. PHYSICIAN'S NAME (Y)	V Muster	DEGREE ATTENDING PHYSICIAN 2 270 ADDRESS	MEDICAL STAFF DIRECTOR   PHYSICIAN	221. DAJE SIGNED
Donald W. M	intzer MD	3009 Evergre	een Avenue Baltim	ore, Maryland
23a. BURIAL, CREMATION, REMOV		NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
Burial	Sept.23,1981 Pa	arkwood	Baltimore	Md.

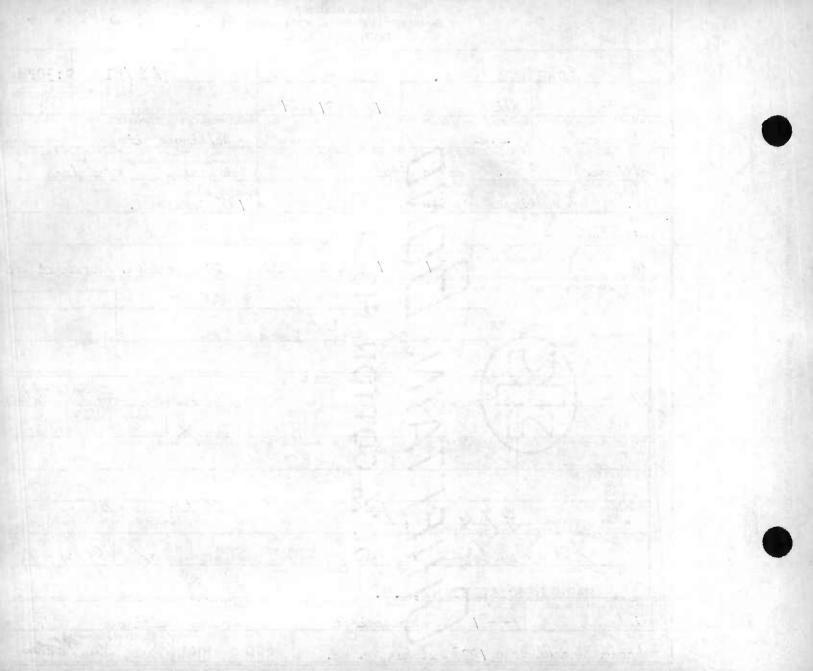
DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physic should be detached for use as the burial-transit permit. Then please remove carban-pape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal

IMPORTANT: If Item 21 is morked or Item 18 shaws

24 FUNERAL DIRECTOR Leonard J. Ruck Inc. Baltimore, Maryland SEP 2.1 1981





15M 2/80

HAMES AND DESCRIPTION OF THE PERSON OF THE P

	19	1	FOR STATE REGISTRAR	DE	PARTMENT OF HEALTH CERTIFICAT	AND MENTAL HYGI	REG. NO.	2 3 %	5 4
	1 31	1. Di	ECEASED NAME PRINTI	N E	Mitch	iell	20. DATE OF DEATH MONTH	12 PI	26. HOUR 10:20/4
	rector, po	3. SI	* M	4. RACE	5. DATE OF BIRT	DAY YEAR 28 19	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR MONTHS DAYS  (RS.	IF UNDER 24 HRS HOURS MIN.
	1169		SIRTHPLACE (STATE OR FOREIGN COUNTRY) Nes	76. CITIZEN OF WHAT COU	MARRIED WIDOWED	VEVER MARRIED	9. BALTIMORE CITY OR COL	JNTY OF DEATH	MD.
201	(M) 38		BB/BHOTE	(IF NOT IN SUCH FACILITY, GIV	2 Mulaloile	LER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK  3ANKER	ING LIFE) INDUSTRY	PBUSINESSOR
AND 21	Se had Bo	13a.	JAL RESIDENCE (IF NURSING HOME OF		R TOWN 13d. IN		13e STREET ADDRESS 4815 Myer	wood Im	ne_
BALTIMORE, MARYLAND 2120	omplet with the state of the st		ATHER'S NAME FIRST WILLIAM		tchell	OTHER'S MAIDEN NAM FIRST JANET	MIDDLE	Thong	ben
TIMORE	be execu	160	WAS DECEASED EVER IN U.S. AF (YES NO OR UNKNOWN) (IF YES GIV WW	IVE WAR OR DATES	9-0554 1		L Mitchel		, TX.
	g physici on paper removal.		18 CAUSE OF DEATH Enter of PART I. DEATH WAS CAUSE IMMEDIA	nly one couse per line for (o), ED BY: ATE CAUSE (o)	DID Welne	mary A	ankst-	APPROXIM BETWEEN O	MATE INTERVAL INSET AND DEATH
ESTON	death ce attending ave carb itian, ar i		Conditions, if any, which	DUE TO, OR AS A CON	ISEQUENCE OF				
W. PR	that the ded by the of lease removial, cremotical, and transfer and an other transfer are other transfer to the state of t		gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A COM	SEQUENCE OF DOTA	MULTIFO	RMR		
RDS, 20	equires in signe or to bur injury, or	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION	IG TO DEATH BUT NOT R	ELATED TO THE TERMI	NAL DISEASE OR CONDITION	GIVEN IN PART 110	
AL RECO	the law rian.  thos bee it permit.  tene prio	CERTIFICATION	3/12/8/	196. CONDITION FOR	on Homes		200 AUTOPSY? 20b. IN C	IF YES, WERE FINDING ERTIFYING CAUSES ( YES [	GS USED OF DEATH?
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST	PHYSICIAN: 1 ending physic this certificate te burial-trans ad Mental Hyg d or Item 18 sh		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE.  (IF EITHER, NOTIFY MEDICAL EXAMINE)	HOUR A.M. MONT	H DAY YEAR	IOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITE	M 18 PART   OR PART 2)	Hant
IVISION	DING PHYS or ottendin contenting se as the bune selth and Me morked or I	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY.		OCATION STREET	CITY OR TOWN	COUNTY	STATE
	RATTENDIA haspital ar RECTOR: At red for use of pt. of Healt em 21 is mo		22a. L certify that (1) (this hasp sow the deceased alive an above, (1) (we) (did) (did no	91/19	0 /	in (my) (our) opinion d	eoth occurred on the date and		hot (I) (we) lost ouses stated
	the of the letach rite De letach rite De letach rite Tr. If If It		27h. SIGNATURE	tero	19EBRE	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAL	220. DAJE S	2/8/
	O HOSPITAL efoined by the TO FUNERAL should be det with the State MPORTANT:		22d PHYSICIAN NAME	oterv	22e A	ADDRESS MIVE	exsity hos	bihl	
	P ≥ 5 3 €		BURIAL, CREMATION, REMOVAL (SPECIFY) EMOVAL/BURIAL	23b. DATE 09-15-81	23c NAME OF CEMETE Hillcrest		Dallas,	COUNTY	rexas
	DHMH - 16 50M 1/81 (VRA 15, 4)	24 F		O., MD.	21229	250. DATE	REC'D. BY REGISTRAR 256. RE		1 F. m.
				,,,		35	2 1001 1074		

- 5-11 Illoves (a solon) allas, Tas

IMPORTANT: If them 21 is marked or Item 18 shares any injury, ar other traumatic event, the medical

STATE OF MARYLAND

DED A DEMENT OF HEALTH AND MENTAL HYCIENE

11.	- STATE REGISTRAR		CERTIFI	CATE OF DEATH	REG. N	10		
	CEASED NAME FIRST	WILLIAM	Mo	LTZ		MONTH 09	DAY YEAR	758 A
1.58	× M	4 RACE	5. DATE O	F BIRTH  DAY  14  06	6 AGE   IN YEARS LAST BIS	15 YRS	IF UNDER T YEAR	
	IRTHPLACE   STATE OR FOREIGN Maryland	76 CITIZEN OF WHAT CO	MARRIED	DIVORCED	9. BALTIMORE CITY OF		Y OF DEATH	MC
B	altimore	Home-1908	Aliceani	na St.	USUAL OCCUPAT		IEEL INICIISTRY	of BUSINESS OR erFront
13a S	AL RESIDENCE   IF NURSING HOME OF STATE   13b. COUI   13b. COUI   13c. COUI	NTY 13c CITY	TIMORE	13d. INSIDE CITY LIMITS? YES NO [] 15. MOTHER'S MAIDEN N. Lucy Jane	AME	licar		ASI
16a V	NAS DECEASED EVER IN U.S. AF YES. NO OR UNKNOWN) (IF YES, GT		AL SECURITY NO.	Agnes Mol	ADDR		е	
NOIL		Slites with 1	ioschaptil INSEQUENCE OF ING TO DEATH BUT I	ne	MINAL DISEASE OR CON			
CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION		200 AUTOPSY?	IN CERTII	S, WERE FIND FYING CAUSE ES	
MEDICAL CE	21g. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DELETIFIER NOTIFY MEDICAL EXAMINED CONTRED	HOUR A.M. MON	19	21c. HOW INJURY OCCUI	RRED (ENTER NATURE OF INJU		PART 1 OR PART 2)	STATE
4	WHITE OF WHITE AT WORK	ital) attended the decease	d from March	d that in my (our) opinion EGREE  ATTENDING PHYSICIAN	n death occurred on the d	FF		that (1) (we) lose couses stated E SIGNED
		1ANG CHE		100 N. BRO	PADWAY BAL		RE, MI	0 2 /23
(	Burial, Cremation, Removal	9/22/81	Parkwo	metery or crematory od Cem.	Baltimo			STATE
24. FU	JNERAL DIRECTOR Schi 31 Brehms La	munek Fune, ne-Balto	ral Home	13-1899 250. DA	FP 2.2 1981	25h REGIST	TRAP'S SIGNA	Wather

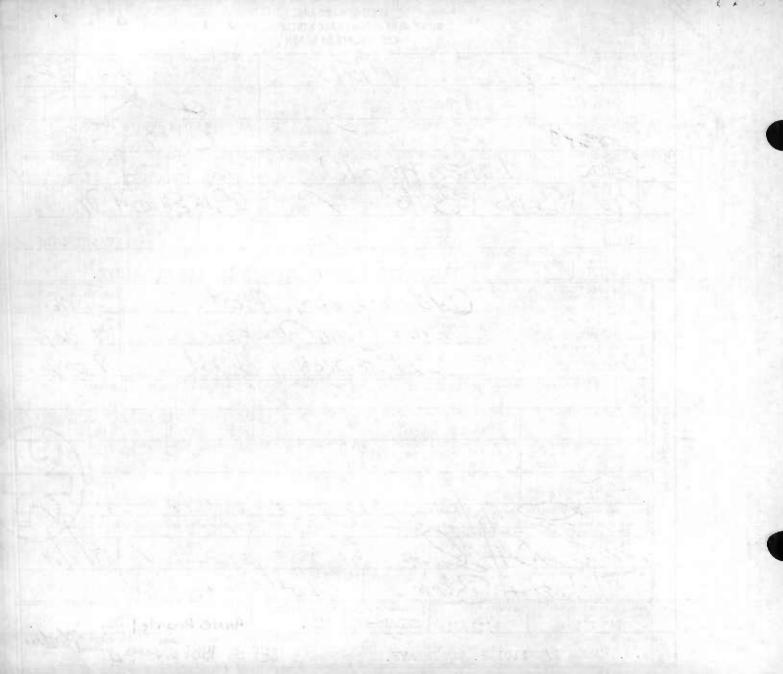
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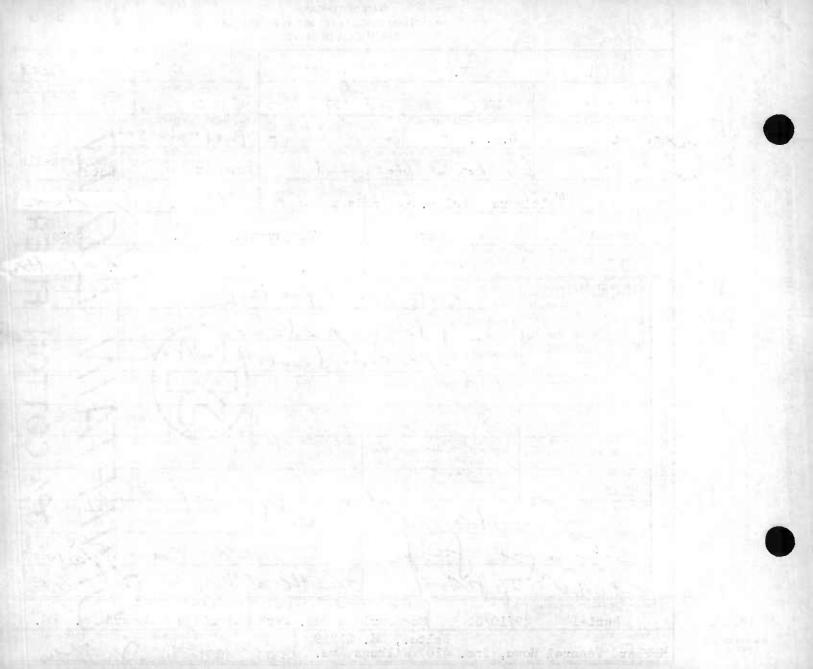
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P 22 1981 25 D. 25 25 40	B 1475 - 12121		

T	1.	FOR STATE REGISTRAR	DEP	STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 1 2 9	13 4 5 6
moy be r, poge 3 ter deoth	(TYPE	CEASED NAME OR PRINT)		MONCIC	20 DATE OF DEATH MONTH	P 8 9 DA M
oge 4 mo	3. SE	Female	Black	5. DATE OF BIRTH  MONTH  DAY  YEAR	6. AGE (IN YEARS LAST BIRTHDAY)  40  YRS	
deoth. Pe	K	OUNTRY) N. Co	Buly MISLE	MARRIED   NEVER MARRIED	9. BALTIMORE CITY OR COUN	ITY, OF DEATH
us ofter of the state of the st	1	altu.	BUN SUCH FAMILITY, GIVE	ues jusq.	12st USUAL OCCUPATION (TITE OF WORK FOR MOSTOR WORKING	ME KIND OF BUSINESS OR
AND 21	13a. S	AL RESIDENCE (IF NURSING HOME OR O	THER INSTITUTION, GIVE RESIDENCE Y 13t. CAY OR	YES NO		yette St.
making ted withing and 2 s	14. FA	NOREU ME	poole Eddi	15. MOTHER'S MAIDEN N.	WIDDLE	Turbon
BALTIMOKE, MAKTLAND 2120 core be executed within 24 hours ysicion and completely filled topers. Pages 1 and 2 should the woll.  11, the medical exaptment must the	()	VAS DECEASED EVER IN U.S. ARM TES, INFORUNKNOWN) (IF YES, GIVE V	MED FORCES? 166 SOCIAL WAR OR DATES)	SECURITY NO. 17. INFORMANT AZELL MO	nk 103-15 217 New Yo	st.N.Y.
		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	BY:	b), and ici.)	, 0	BETWEEN ON FRAND DEATH
deoth ce		Conditions, if ony, which	DUE TO, OR AS A CONS	sequence of teno septer	- tryo condel a	Litres - mul
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.  NG PHYSICIAN. The low requires that the death certificate physician.  After this certificate has been signed by the attending phast the buriol-transit permit. Then please remove carbanp th and Mental Hygiene prior to buriol, cremation, or removed act tem 18 shows any injury, or other traumatic even		gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS AICONS	SEQUENCE OF		germ
RDS, 20 equires in signed Then ple r to buric injury, or	NOI	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING	OTO DEATH BUT NOT RELATED TO THE TER/	WIN AL DISEASE OR CONDITION O	SIVEN IN PART 100 L
TALRECON relicion. The low relicion. The hos beer asit permit. Giene prior Shows only i	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR W	HICH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES NO	YES, WERE FINDING USED TIFYING CAUSES OF DEATH? YES NO NO
VISION OF VITAL R  5 PHYSICIAN: The Intending physicion.  10 this certificate has the buriol-transit per and Amental Hygiene and Amental Hygiene ked at Item 18 shows		2)a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH	1 DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM	8 PART ( OR PART 2)
IVISION  JG PHYS  offendin  ter this c  is the bur  n and Me	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, O	FFICE, FARM, ETC.)  21 LOCATION STREET	CITY OR TOWN	COUNTY STATE
TTENDIN priol or TTOR: Af for use of Health		220.1 certify that (I) (this haspita sow the deceased alive on above, (I) (we) (did) (did not)	9119		, to death occurred on the date and h	that (I) (we) lost our and from the causes stated
AI OR A the hos all DIRECTED of Dept.		226. SPONATURE Pour	m, w	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c DATE SIGNED
TO HOSPITAL retoined by the TO FUNERAL should be deto with the Stote I IMPORTANT: II		22d. PHYSICIAN'S NAME (TYPEORE		1940 W.	Rello STR	(10 rd 23
002BP	23a. B	URIAL, CREMATION, REMOVAL SPECIES Burial	236 DATE 9/25/81	23c NAME OF CEMETERY OR CREMATORY Arbutus Mem. Pk	. Baltimore	coució. MD
DHMH-16 30M 2/80 (YRA 15, 4)	24. FU	INERAL DIRECTOR	F/H 1101 <sup>^^</sup>	RESS North Ave.	TE REC'D. BY REGISTRAR 251 PEG	istra Spanat Hather

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	1	1.	FOR STATE REGISTRAR		DEPA	RTMENT OF H	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE 8	2 3	3.1
			CEASED NAME	_ MI	0018	1	7	20 DATE OF DEATH	MONTH DAY	YEAR 2b. HOUR
y be			- 19	25	10	/'	36/10		988	21 23 AM
age 4 mo rectu: p	6	3. SE	M ALE	4 RACE	BLACK	1. DATE O		6 AGE (IN YEARS LAST I	YRS.	DATS HOURS MIN.
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to the following the filed with	16	=	Be/ 10	11. NAME OF HO	OSPITAL, NUR Vacenty Give STR	SING HOME C	DROTHER INSTITUTION	120 USUAL OCCUPA (TYPE OF WORK FOR MOST	OF WORKING LIFE) INDU	SIND OF BUSINESS OR USTRY  BRICKYARD
AND 212 n.24 hou filled in rould be	35	HSU Hae S	TATE OF THE STATE	5/6	Ber	13	36. INSIDE ITY LIMITS?	13. TRETAPORES	Slight"	Dr.
RYL,	-	14. F#	THER'S NAME	=00ti	6457	DOM:	15. MOTHER'S MAIDEN N	AME		LAST
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interiore	ovol tr th		18 CAUSE OF DEATH (Enter or PART ), DEATH WAS CAUSE	nly one couse per li ED BY:	(b),	and reid	0.00/00	DNEST	BE	APPROXIMATE INTERVAL TWEEN ONSET/AND DEATH
N ST.	and and	. 15	1/ 9 // FIMMEDIA	TE CAUSE (a)	COU	1010	preny /	7:01		4/1/8
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RDS, 20 equiver, then pik	to burk injury, o	NOI	PART 2 OTHER SIGNIFICANT	CONDITIONS <u>CO</u>	ntributing t	O DEATH BUT	NO RELATED TO THE TER	MINAL DISEASE OR CO	NDITION GIVEN IN P	ART 1/o
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 PNG PHYSICIAN. The law requires that the death certificate be a been stated by the attending physician and completely filled in by as the burief completely filled in by a second completely filled in burief completely filled in by a second completely filled in burief completely filled in buri	oue buo	CERTIFICATION	14s DATE OF OPERATION	19b. CONDIT	ION FOR WHI	CH OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, WERE IN CERTIFYING C. YES	FINDINGS USED AUSES OF DEATH?
OF VIT. CLAN. 1 2 physic prifficate al-trans	tal type	0.179	THE STORM MAS UNDERLYING [ OR CONTRIBUTING [] CAUSE OF DE- LIFETIMES MOTHS MEDICAL EXAMINE	ATH HOUR A.M	MONTH	DAY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF IN.	URY IN ITEM 18 PART I OR P	ART 2)
NON MANAGED MANAGED Property of Property of	d Mar	MEDICAL	214 INJURY OCCURRED	ZIe. PLACE O		WAL THE	211 LOCATION	CITY OR	own cou	NTY STATE
NG Office of the state of the s	crkec crkec	2	AT HORK AT HORK A	1	1		/2	9/		
ATTENDI spiriol o- CTOR, A for use	of Heal		27a.1 certify that this hosp saw the decreased alive or above (1) we (did just no	9/8	/ 10	-/1	nd that in (my (aur)opinio	n death occurred an the	date and have ond fro	that (II) we) last
The house the ho	in New		27k SIGNATURE	041	4/	15	DEGREE  ATTENDING PHYSICIAN	MEDICAL ST	AFF /	DATE SIGNIO
O HOSPITA Mounted by O FUNERA	MPORTANT		THE PHYSICIABLE NAME THE	145	3 lune	A-	22e ADDRES	DIRECTOR PHYS	pite/	11-1-2
102			URIAL CREMATION, REMOVAL	736 DATE			EMETERY OR CREMATORY		COUNTY	SIALE
60 /BP	The same of	74 57	BURIAL INERAL DIRECTOR	9/11	/81	CEDAR I	HILL CEM.		unde CO	
DHMH - 16 50/ (VRA 15,		1.073	W.C. MARCH F/H	1101 E.	NORTH	AVE.		EP 9 1981	CANCES	an faither





DEP	STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENE 3 REG. NO.	3 4	5	9
MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR	2b. HOU	R
Moody		09/13/81		10	: 301
01.	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) YRS.	IF UNDER I YEAR	IF UNDER	24 HRS MIN
SA.	MARRIED   NEVER MARRIED   WIDOWED   DIVORCED	Baltimore of Baltimore			MD.
	URSING HOME OR OTHER INSTITUTION STREET ADDRESS INS HOSPITAL	L PABLE OCCUPATION	INDUSTRY	OF BUSINE	55 OR
13c-etp or	13d. INSIDE CITY LIMITS?	6 Vima	ct.	52	
Mod	15. MOTHER'S MAIDEN N	MIDDLE	HARVI	N	13
S? 166 SOCIAL	SECURITY NO. 17. INFORMANDIA	Jones - 6 l	um/ C	JOUR 7	P

Conditions, if any, which	DUE TO, OR AS A CONSEQUENCE OF	Cedere		(0	odap
gove rise to immediate	DUE TO, OR AS A CONSEQUENCE OF		treal for	ner?	weeks
PART 2 OTHER SIGNIFICANT COM	nditions <u>Contributing to death</u> but	NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN PART 1	110.
190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES	
210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCU	JRRED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART I OR PART 2)	
21d INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	OWN COUNTY	STATE

DEGREE

22e ADDRES

234 NAME OF CEMETERY OR CREMATORY

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

230. BURIAL REMATION, REMOVAL

22d PHYSICIAN'S NAME (TYPE OF PRINT)

FOR - STATE REGISTRAR I. DECEASED NAME (TYPE OR PRINT)

14 FATHERS NAME FIRST

(YES, NOOR UNKNOWN)

40

Candice D

ISUAL RESIDENCE (IF NURSING TOME OR OTHER INSTITU

60 WAS DECEASED EVER IN U.S. ARMED FORCE

4 RACE

76 CITIZEN

11. NAME The

(IF YES, GIVE WAR OR DATE

18 CAUSE OF DEATH (Enter only one couse per line for (g), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)

236 DA

ISSOW

250. DATE REC'D.

ATTENDING

PHYSICIAN

MEDICAL

23d. LOCATION
BY OR JOHN BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Th. DATE SIGNED

COUR APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

our) opinion death accurred on the date and hour and from the causes stated

STAFF

DIRECTOR PHYSICIAN

temple 161. 2 20 18 18 FALL DAG GARA They held to the total of the second the sec THE PARTY OF THE PARTY.

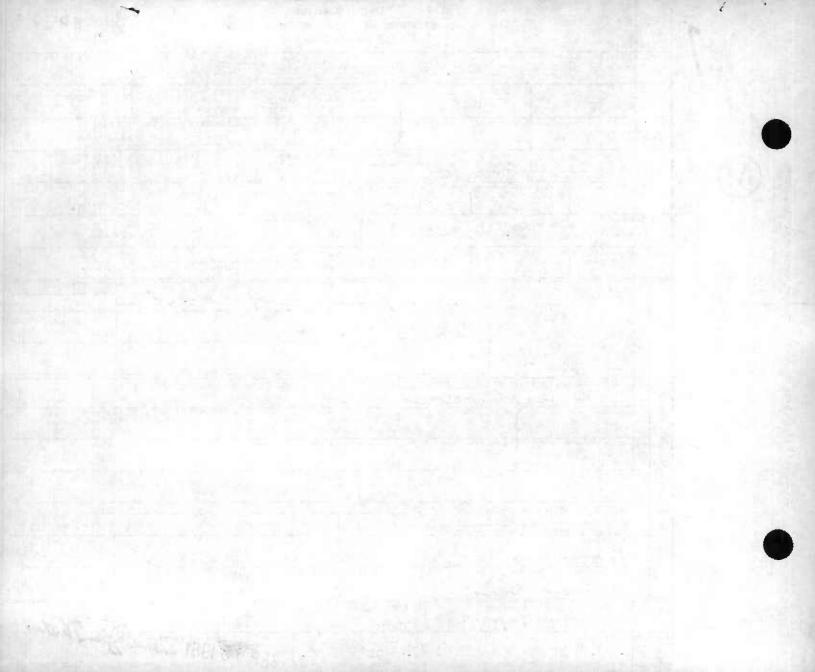
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##40 % E	1. DECEASED NAME [TYPE OR PRINT]	FIRST EDWARD	WIDDLE	LAS	ONEY	2a. DAT	E KNOWN K	HTHOM	DAY YEAR 19 81	26. HOUR
ON STRE	. male w	hite 8 12	62 LAST BIRTHDAY	MONTHS	R 1 YR. IF UNDER	MIN. PRONO	UNCED AD		DAY YEAR 19 19 81	
A PRESIDENCE OF THE PROPERTY O	16 BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	U. S	VHAT COUNTRY?	WIDOWED		ED Ba	ltimore	City		MD.
SELAY IS TO THE BE PRED DR 2011	10. CITY OR TOWN OF DE Baltimore	JIF NOT IN SUCH F	SPITAL, NURSING HOME, ACILITY, GIVE STREET ADDRESS) HOSpital		INSTITUTION	FOR MOST OF W	ORKING LIFE)	PE OF WORK B	2b. KIND OF B TOUNDUST Comp	Elect1
E, MD. 21201 ATH. IF ANY DELA S 1, 2, AND 3 TD PM 3 TD PM 3 TD PM 3 TETAIN ND 2 SHOULD BE VITAL RECORD	Maryland	ureing some or other institution, of the county Howard	13c. CITY OR TOWN Elkridge	Y	d. Inside (ITY LIMITS? Yes  No		ress rlona	Avenue	212	27
min and	14. FATHER'S NAME FIRST Edward	MIDDLE J.	Mooney,	Sr.	MOTHER'S MAIDE FIRST Betty	EN NAME	MIDDLE		Frey	
OURS AFTER DE 18. GIVE PAGE 3. WITH FORM AIT. PAGES 1 AI E, DIVISION OF	NO NO	R IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	Unavailabl		Edward J.	. Mooney,	Sr. 6		21227 rlona	Ave.
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TAL RECORDS HOULD BE EXECUTED BY PENDING' HIEF MEDICAL HI	PART 2 OTHER SIGNIFICAL  19a. DATE OF OPER  21a. EXTERNAL CAU	ATION 196 COND	TON FOR WHICH OPERA			RT 1 (a)			20. AUTOPSY	?
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#34AFC		WHILE STREET, FAC	OF INJURY LATHOME, CTORY, FARM, ETC.)		olk. E. L	exington		coun		Md.
TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, W PAGE 4 SHOULD BE FORWATO FUNERAL DIRECTOR: PAGE REFERE DEATH, WITH THE STABALIMORE, MARYLAND, 213	22a. I certify that death resulted from ACTUAL SIGNATURE	I taak charge of the remains de	escribed abave, held on Accident , Suic		Hamicide X, TITLE (SPECIFY) Assistan	Undetermined	manner .	DATE SIGNED	9-19-	·81
TO MEDIC EXECUTE PAGE 4 S TO FUNE AFTER DE BALTIMOI	EXAMINER'S NA (TYPE OR PRINT) 238. BURIAL, CREMATION,	Ann M. Dixo	n, M.D.		DKE22	Penn St				
BP	Buria 24 FUNERAL DIRECTOR	1 9/19/81 Balto	Meadowrid	ge Mei	m. Pk.	Elkride	e	Howar		ryland
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1	1	FOR STATE REGISTRAR		DEPARTA	CERTIF	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	REG. N		6 3
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rs offer d	3. SE	x Female	4 RACE Bla	Black 5. DATE OF BIRTH  MONTH OAY YEAR  3 13 21			6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 INDER 2		
11 72 hau		IRTHPLACE (STATE OF FOREIGN		WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY OF DEATH	
1930 1930		Baltimore	Prov	ident H	ospi	or other institution	12a USUAL OCCUPATION OF OF WORK FOR MOST CONTROL OF WORK FOR MOST CONTROL OF THE PROPERTY OF T	F WORKING LIFE   INDUSTRY	OFFICE
35	130.	MD	OME OR OTHER INSTITUTION	Baltime	N	13d. INSIDE CITY LIMITS? YES 🔀 NO 🗌	13e STREET ADDRESS 3805 T	owanda Ave	
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medical		WAS DECEASED EVER IN U.	S. ARMED FORCES? ES. GIVE WAR OR DATES)	166 SOCIAL SECU 215-14-	RITY NO. -6964	17 INFORMANT MICHAEL EI	DWARDS 3805		
permit. Then please ne prior to burial, cr	CERTIFICATION	PART 2 OTHER SIGNIFICA	ant conditions co	retral	-	NOT RELATED TO THE TER	RMINAL DISEASE OR CON	DITION GIVEN IN PART 1:  20b. IF YES, WERE FINDI IN CERTIFYING CAUSE:	INGS USED
Mental Hygien ar Item 18 show	MEDICAL CERTIF	21a. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE ( (IF EITHER NOTIFY MEDICAL EXA 21d. INJURY OCCURRED	DE DEATH HOUR A.	M. MONTH DA	AY YEAR	216 HOW INJURY OCCU	YES NO	YES	NO [
olth and marked a	ME	WHILE AT WORK 220.1 certify that (I) (this	(AT HOME ST	REET, FACTORY, OFFICE, F		STREET	CITY OR TO		STATE
ite Dept. of He T: If Item 21 is		saw the deceased alimatory (Instruction of the saw the deceased alimatory (Instruction of the saw the	ve on	19	, ar	d that in (my) (aur) apinio	MEDICAL STAI	ate and hour and from the	
should be det with the State IMPORTANT:		122d. PHYSICIAN'S NAME (		/		22e ADDRESS St. Ag	hes 17	ospital	Ball-
£ ¾ ₹		BURIAL, CREMATION, REMO (SPECIFY) BURIA	DVAL 236. DATE	A 1754 A 1764	BUTUS	CEM	ARBITTUS	COUNTY	W. TO.
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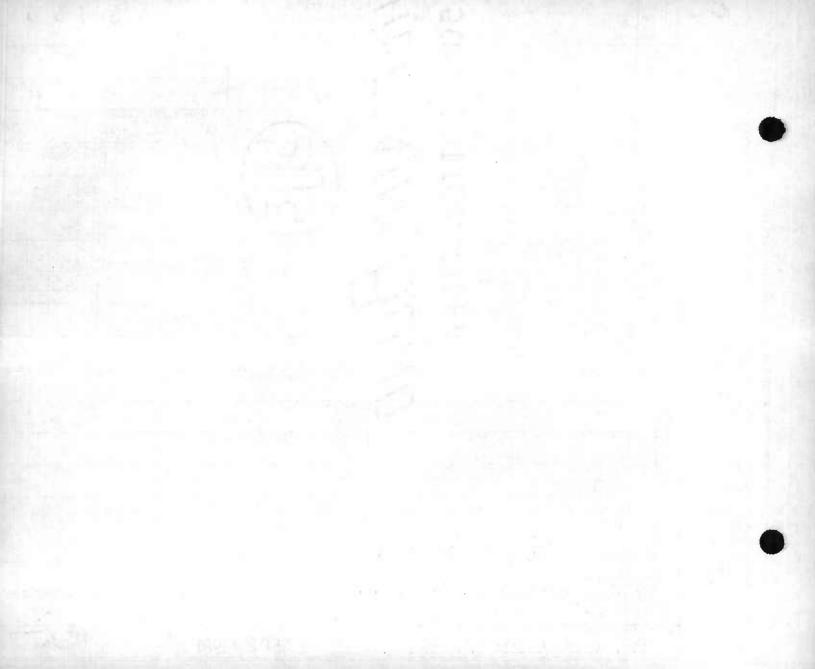


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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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0	FOR STATE REGISTRAR			STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 2 3 4 6 5  MEDICAL EXAMINER'S CERTIFICATE OF DEATH  REG. NO.										
# A. 69 C	1. DECEASED NAME FIRST			MIDDLE LAST 20. DATE KNOWN OF ESTI-							MONTH DAY	9-26-81b AM		
Y, PIEAS UR FILE 2 HOUR V STREE	3 SE		RACE black	S. DATE OF BIRTH	P. 6. AGE (IN) YEAR LAST BIRTH	DAY) MON		IF UNDER		TE UNCED	9-20- MONTH DAY 9-26-	81 YEAR	9:23 M	
FCESSARY, PLEASE IN SEAL DIRECTOR. OR YOUR FILES. WITHIN 72 HOURS PRESTON STREET,	Jo BIRTHPLACE (STATE OR FOREIGN COUNTRY) BALTIMORE, MD.			76. CITIZEN OF WHAT COUNTRY?  8. MARRIED   NEVER MARRIED   9. BALTIMORE CITY OR CO							DEATH	d M		
THE PARTY OF THE P		TY OR TOWN O Baltim	F DEATH	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF OF OR MOST OF WORKING LIFE)							OF WORK 12h K			
MD. 21201 TH. IF ANY DEL 1, 2, AND 3 TO M. 3. RETAIN D. 2 SHOULD B. 1 JIJAL RECORD	USU/ 130 S	TATE MD	IN NURSING HOW! O	OTHER INSTITUTION, GIV	PERESIDENCE BEFORE ADMIS 13c. CITY OR TOWN BALTIMORI		134 INSIDE CIT	NO [	130. STREET ADD 4308 SE	RESS MINOLE	AVE. AF	PT. 10	)3	
MD. 17.2, M. 3. M.		ATHER'S NAME ERIC		MIDDLE	LAST		15. MOTHER'S MAIDEN NAME MIDDLE					LAST		
A PESEA ME			EVER IN LLE ARA	WAYNE	MULDROW		DEBRA  17. INFORMANT ADDRESS				5	SMITH		
T., BALTIMORE, MD. 21201 URS AFTER DEATH. IF ANY 8. GIVE PAGES 1, 2, AND: WITH FORM PM. 3. RETA TI. PAGES 1 AND 2 SHOULL DIVISION OF WITA RECO	160 WAS DECEASED EVER IN U.S. (YES, NO, OR UNKNOWN) (IF YES, NO 18 CAUSE OF DEATH (Ente			WAR OR DATES)	NONE		DEBRA SMITH 4308 SEMINOLE A					APT.	103	
TEGS, 201 W. PRESTON ST., XECUTED WITHIN 24 HOUR NG" IN PENCIL IN ITEM 18. AAL EXAMINER ALONG W BURIAL - REMIT HYGIENE, D AND MENTAL HYGIENE, D VATION, OR REMOVAL.		Conditions, if any, which gave rise to immediate couse (a) stating the underlying cause lost.    MMEDIATE CAUSE (a)   Suddon infant death syndrome										TWEEN ONSE	TAND DEATH	
ECO!	CERTIFICATION	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).  190. DATE OF OPERATION  196. CONDITION FOR WHICH OPERATION WAS PERFORMED?									20	AUTOPSY?	, NO []	
ON OF VI	CAL CERT	210. EXTERNAL CAUSE WAS 210. TIME OF INJURY HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH P.M. 19									ART 1 OR PART 2)	163 (2)	NO []	
DIVISI HIS CERT WRITING VARDED 'AGE 3 SH IATE DEPA	MEDICAL	216 INJURY OC WHILE AT WORK	CURRED NOT WHILE C AT WORK	21e PLACE C STREET, FACT	OF INJURY (AT HOME, ORY, FARM, ETC.)		CATION		CITY OR	rown	COUNTY		STATE	
TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULE EXECUTE THE CERTIFICATE, WRITING THE WORD." PAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED BATTER DEATH, WITH THE STATE DEPARTMENT OF HE BATTIMORE, MARYLAND, 21201 PRIOR TO BURIAL,		226. I certify that I took charge of the remains described above, held an AutopXXX, Inspection Inquiry, and in my opinion death resulted from: Natural causes												
MEDIA MECUTE ME MECUTE MECUTE MECUTE ME ME ME ME ME ME ME ME ME ME ME ME ME		(TYPE OR PRINT	AME Mar	carita A	Korell.	1.D.	ADDRESS	111 1	Penn Str	eet				
Bb	1	URIAL, CREMATIO	AL	9/30/81	WESTVIE		1.			NSVILLE	COUNTY	MD	ATE	
283 4 DHMH-17 (VR A15 ME (5))	24. F	W.C. M		1 1101 E.	NORTH AVE.		2		29 1981	PAR 25b. REGIS		Parthe	n	



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	1 Di	CEASED NAME FIRST	MIDDLE	LAST	REG. NO.	DAY YEAR TO HOUR
oth other		Robin	A	MURDORF		20 1100K
	1.58		4 RACE	5. DATE OF BIRTH	09/24/81 6. AGE (IN YEARS LAST BIRTHDAY)	6:27p
		FEMALE	WHITE	JAN. 7, 1966	15	MONTHS DAYS HOURS MIN
2011		IRTHPLACE   STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	S DALTIMORE CITY OR COL	
deot		MD.	U.S.A.	WIDOWED DIVORCED	BALTIMORE	CITY
The state of the s	10 0	ITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STRE	ING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK)	126 KIND OF BUSINESS C
S 99 5		BALTO.		S HOSPITAL	SCHOOL	LEARNIN G
filled in ould be	130.	AL RESIDENCE (IF NURSING OME OR	ITY 13t. CITY OR TO	WN 1 13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	1
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nd 2	D. F.	THER'S NAME	MIDDLE, LAST	15 MOTHER'S MAIDEN N.	AME	(AST
owo long		MOBERT	H. JEWE	II LAYINA	4 -	MURDORF
Poges Amedica	160	VAS DECEASED EVER IN U.S. ARI YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166. SOCIAL SEC	CURITY NO. 17 INFORMANT	ADDRESS	
E S. P. S. P.		NO	K111-96	0684 Mrs. LAVIN	A SIFFORD	- SAME
shysic pape navol.		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE)	ly one cause per line for (a), (b), o	1		BETWEEN ONSET AND DEATH
entrace pan po remov			E CAUSE (0) Cardiap	ulmondry are	st	
ath card		0709	DUE TO, OR AS A CONSEQ	UENCE OF		0 ,
a dec		Conditions, if any, which gove rise to immediate	( b) fulmer	ment hepatile	s, nont non!	5 month
t the		cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQ	UENCE OF		
that the state of a state or a st			(c)			
uires signe nen pl o bury, o	z	PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION	GIVEN IN PART I 10
in tred	CERTIFICATION	19g DATE OF OPERATION	List condition for with	000000000000000000000000000000000000000		
e law	FIC	170 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	20a AUTOPSY? 20b. I	FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH?
The cio	ERI	21a ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21. HOW BUILDING	YES NO	YES NO
CIAN: a physical cal-tron ntal Hy em 18		OR CONTRIBUTING CAUSE OF DEA		DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM	A 18 PART I OR PART 2)
S 5 0 7 9 =	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)		19		
PHY trends the bush	MEC	WHILE NOT WHILE	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	FARM, ETC.)  21f. LOCATION STREET	CITY OR TOWN	COUNTY
After at lith o		AT WORK - AT WORK		0/10	01.00	
OR: OR: IS A		22a.1 certify that (1) (this haspit	abattended the deceased from	8/1/200 19/8/		, 19.82, tho() (we) lo
ATT Ospita Sect d fo t of m 2 l		obove (1) we) did (did not	view the body ofter death.		n death accurred on the date and	hour and Irom the causes stated
OR he had be by Dept		27b. SIGNATURE	A	DEGREE ATTENDING	MEDICAL STAFF	22c. DATE SIGNED
· · ·		Marca	Discon!	PHISICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	1/24/8/
HOSPITAL Ined by the FUNERAL Uld be det of the State		22d. PHYSICIAN'S NAME (TYPE OF	PRINTI	22e ADDRESS	1- 11 7	0 0 0 1 1
o HOSPITA etained by TO FUNERA should be de with the Stat	1	Revecca	Bascom VII	1) Johns He	fleus tosuta	1 Buttand
7 6 123 2	23a. 1	SURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	234 LOCATION	Windstell I and a second
BP		BURIAL	28SEPT, 81 H	ARFORD MEM. GAR	DENS - M	HARFORD MA
DHMH - 16 50M 1/81	24 F	INERAL DIRECTOR	2. 11	1 36	TE RE B TIS TRANSPLAN	ent regulation de l'agres
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MPORTANT: If hem 21 is marked or item 18 shows ony injury, or other troumotic event, the medical examiner must be, med and the

## STATE OF MARYLAND

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1	STATE REGISTRAR	DEFAR		ICATE OF DEA		REG. NO.	him	J	,
	CEASED NAME FIRST	JOSEPH	mu	RPHY.		20. DATE OF DEATH M	9 24	81	10 · 19
3.58	MALE	WHITE	S. DATE (	H DAY	YEAR OF	6. AGE (IN YEARS LAST BIRTH	YRS.	UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
5	IRTHPLACE (STATE OR FOREIGN COUNTRY)  MD	U.S.A.	MARRIE WIDOWI		RRIED -	Baltimore city <u>or</u> Baltimore		FDEATH	MD.
P	BALTO	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE 57- AGNE	ELADDRESS)	OR OTHER INSTITU	TION	120. USUAL OCCUPATIO  (TYPE OF WORK FOR MOST OF Y  Vice Presid	WORKING LIFE)	INDUSTRY	son Bolt
130	STATE HIS COU	ROTHER INSTITUTION, GIVE RESIDENCE BEFO NTY 13E CITY OR TO imore Woodla	WN	13d. INSIDE CITY YES NO	LIMITS?	130 STREET ADDRESS	WHOL	O DR	Nut C
[4. F/	ATHER'S NAME FIRST  Bernard	Murphy		15. MOTHER'S M. FIRS  France	Ť	WIDDLE		Daio	
	WAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GI NO	RMED FORCES? 166 SOCIAL SET 213-01		17 INFORMANT	Mrs. Lukewo	Vinnie Mur ood Drive, W	s oblaw	n, MD	21207
N	Conditions, it any, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE OF TO, OR AS A CONSE	UENDE OF A	ide a	A TO THE TERM	DAT.  NAL DISEASE OR CONDI	TION GIVEN	IN PART 10	2)
CERTIFICATION	190 DATE OF OPERATION 9 24 81	196 CONDITION FOR WHITE	H OPERATIO	AA.	ED	200 AUTOPSY? YES NO	206. IF YES, V IN CERTIFYIN YES (	VERE FINDING CAUSES	OF DEATH?
MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 210 INJURY OCCURRED	HOUR A.M. MONTH P.M.  21e. PLACE OF INJURY	19	211 LOCATION	RY OCCURR	ED (ENTER NATURE OF INJURY		OR PART 2)	STATE
W	saw the deceased alive or		9/	nd that in (my) (ou	19. <b>8(</b> ir) opinion o	eoth accurred on the date	, 19.	8/.	that (I) (we) last
	22b. SIGNATURE	Mystole		DEGREE ATTE PHY	NDING SICIAN	MEDICAL STAFF	V	22c. DATE	
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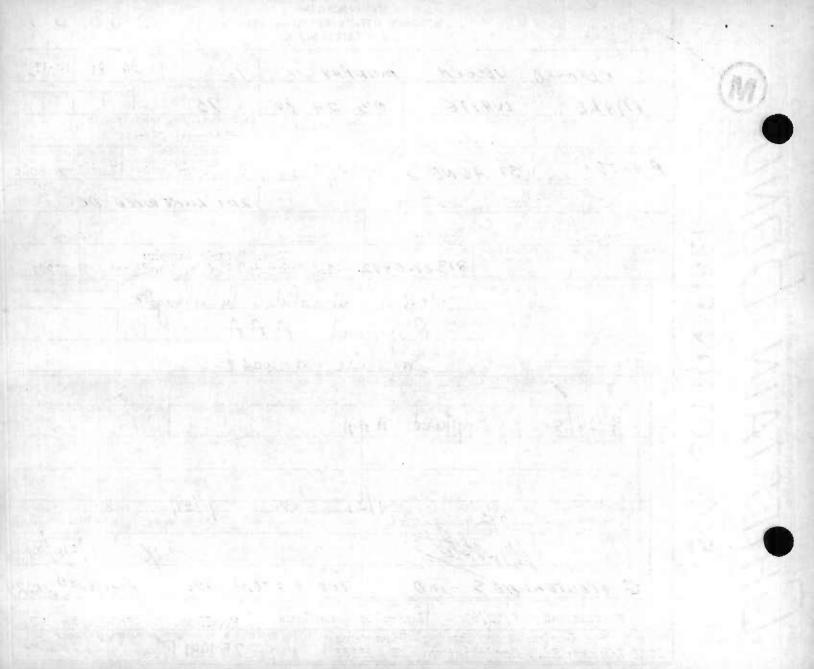
23b. DATE 9/28/81

236 NAME OF CEMETERY OR CREMATORY
Lorraine Mausoleum

ld LOCATION
CITY OR TOWN
Woodlawn

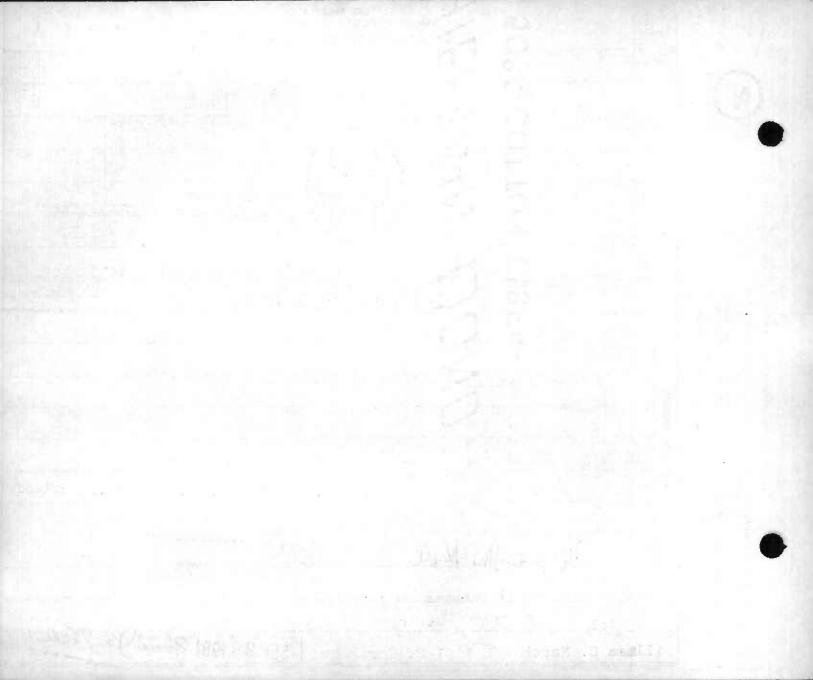
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN TX (TYPE OR PRINT) ESTI-REBECCA MURRAY DEATH MATED 9-26-819 4. RACE DATE OF BIRTH 6. AGE (IN YEARS IF UNDER TYR. IF UNDER 24 HRS DATE 32 VPS PRONOLINCED 9-26-81 1949 female black 76. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) USA Baltimore City DIVORCED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
University Hospital FOR MOST OF WORKING LIFFL OR INDUSTRY Baltimore USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b. COUNTY Baltimore 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 701 West Muberry Street Md YESK 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE ALIDOL E Murray Beulah Carter Francis 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 7. INFORMANT 16b. SOCIAL SECURITY NO ADDRESS (YNO, OR UNKNOWN) (IF YES GIVE WAR OR DATES) Beulah Murray 3102 Reisterstown CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH CHIEF MEDICAL EXAMINER ALONG WITH CHIEF ADDITIONS WITH THE THE THE PERMIT AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (Multiple injuries with complications DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DIHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? YES NO 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 2Tc. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING XX OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR 7:30AM 9-20-81 subject fell four stories 21e PLACE OF INJURY (AT HOME. 2Tf. LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) WHILE AT WORK W. Mulberry St. Apt. 409 Balto., Maryland home Autopsy XX 22a I certify that I took charge all the remains described above, held an Inspection and in my opinion deoth resulted from: Homicide Undetermined manner TITLE (SPECIFY) DATE 9-27-81 Assistant SIGNATURE EXAMINER'S NAME 111 Penn Street (TYPE OR PRINT) Korell M.D Margarita 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY 10/1/81 Auburn Cemetery Burial 24. FUNERAL DIRECTOR William C. March F/H 1101 E. North Ave DHMH - 17 (VR A15 ME (5)) 15M 2/80



STATE

REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

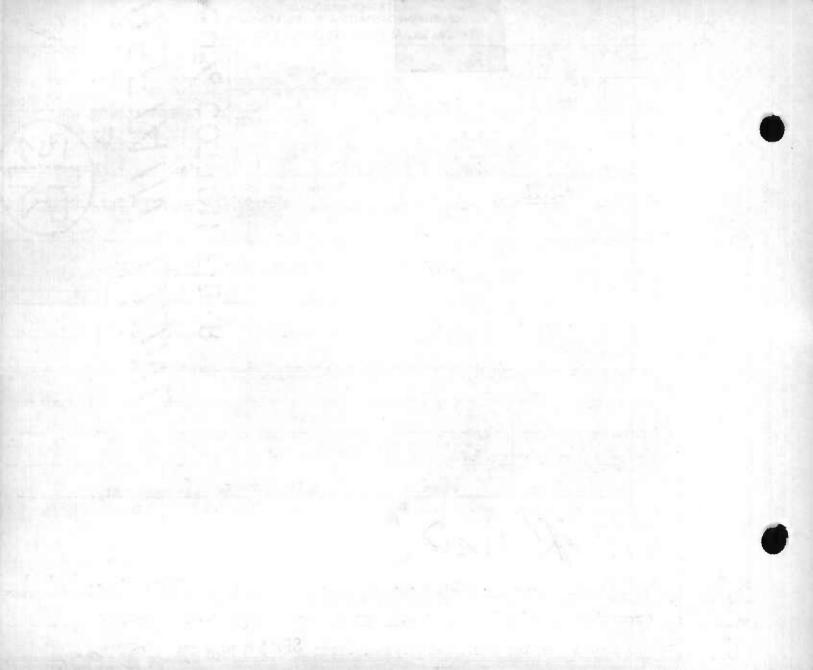
CERTIFICATE OF DEATH

REG. NO

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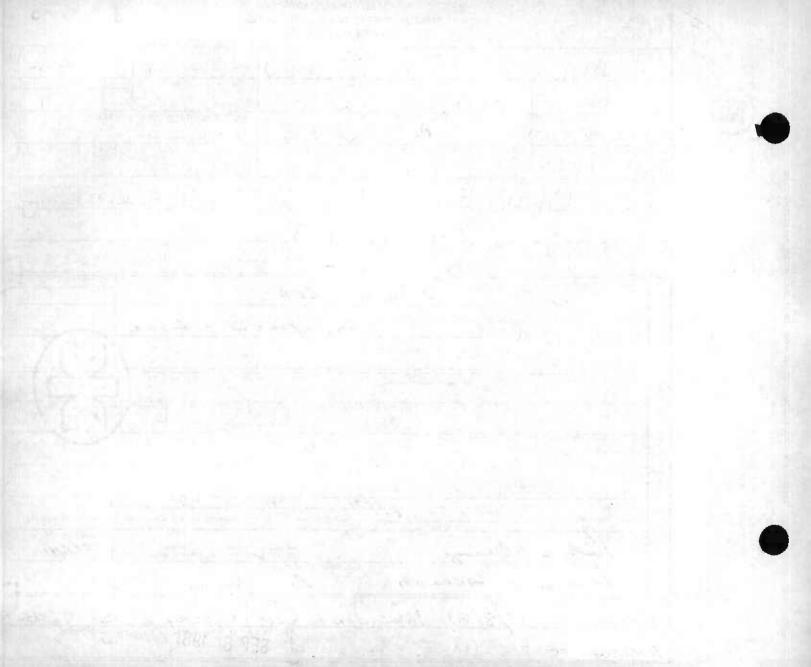
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME FIRST KNOWNXX DATE (TYPE OR PRINT) OF ESTI-11S NECESSARY, PLEASE HE FUNERAL DIRECTOR. SE 5 FOR YOUR FILES. LED, WITHIN72 HOURS Q1 W. PRESTON STREET, DEATH MATED 1987 Mitchell 9 Myers Guv SEX 4. RACE 5. DATE OF BIRTH IF UNDER 1 YR. 6 AGE (IN YEARS IF UNDER 24 HRS DATE 2d. HOUR LAST BIRTHDAY) PRONOUNCED 7:52 male DEAD 81 white 1960 21 YRS 76 CITIZEN OF WHAT COUNTRY? Jo. BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH am Maryland MARRIED NEVER MARRIEDXX Baltimore City U.S.A. WIDOWED DIVORCED 2, AND 3 TO THE FU.

3. RETAIN PAGE 5
2 SHOULD BE FILED, V IN CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS OR INDUSTRY Baltimore City Hospital Baltimore Musician Entertainment E CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN DEU
BE USED AS A BURIAL -TRANSIT PERMIT. PAGES I AND 2 SHOULD BE
NI OF HEALTH AND MENTAL HYGIENE, DIVISION OF WALL RECORDS,
BURIAL CREMATION, OR REMOVAL. 30. STATE NI COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Baltimore Dundalk 6715 Youngstown Ave. 21222 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST MIDDLE LAST William Myers Theresa Mvers 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO INFORMANT ADDRESS 216/76/9928 No Theresa Myers Same as 13e. 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY Gun shot wound of neck WEAPON: Handgun IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF DIVISION OF VITAL RECORDS, 201 lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? FORWARDED TO THE CHIEF OR: PAGE 3 SHOULD BE USED THE STATE DEPARTMENT OF HI NO [ 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 0 HOUR A.M. MONTH DAY UNDERLYING OR THIS GERILLIA MEDICAL 3:35 MAM subject shot PRIOR CONTRIBUTING CAUSE OF DEATH 211 LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME TO MEDICAL EXAMINER: THIS CER EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3: AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P. STREET, FACTORY, FARM, ETC.) 1618 Joplin Street, STATE AT WORK NOT WHILE rear of AT WORK MD 22s I certify that I took charge of the remains described above, held an Inspection and in my opinion Hamicide XX death resulted from Assistant 9/ 7/ ACTUAL DATE SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME 111 Penn Street, Balto., MD 21201 Hormez R. Guard, M.D. (TYPE OR PRINT) 236 LOCATION 23e BURIAL CREMATION REMOVAL 23h DATE 23c. NAME OF CEMETERY OR CREMATORY COUNTY STATE 9/10/1981 Green Mount Cemetery Cremation BP Baltimore, Maryland 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE **DHMH-17** Walter Brooks Bradley Inc., Balto., Md. 21222 (VR A15 ME (5) 15M 2/80



pC	FOR STATE REGISTRAR	DEI	STATE OF MARYLAND PARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH		3 4 / 5
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DHMH-16 30M 2/80 (VRA 15, 4)	24 FUNERAL DIRECTOR	ADD	250. DA	TE REC'D. BY REGISTRAR 256. REGIS	TRAIS SIGNATURE
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ANTERNO. p. p. 704. ve. 35 interest 



maritime 13. STREET ADDRESS 3421 Mayfield Avenue Baltimore, Maryland 21213 Lewandowski 17 INFORMANT RECORDS-U.S. Public Health Service 3100 Wyman Park Drive-Balto. Md 21211 PULHENARY EMBOLUS ATIC ADENO CARCINOMA PRIMARY UNDETERMINED 206 IF YES, WERE FINDINGS USED USES OF DEATH? NO T 716 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY STATE and that In any (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED 9/17/81 PHYSICIAN DIRECTOR PHYSICIAN 3100 Wyman Park Drive Baltimore, Maryland 230. BURIAL, CREMATION, REMOVAL 236. DATE 73c. NAME OF CEMETERY OR CREMATORY Burial St. Stanislaus Cem. Balto. Md. 250. DATE REC'D. BY REGISTRAR 250, REGISTRARS SIGNAPLATHER 74 FUNERAL DIRECTOR Schimunek Funeral Home, Inc. 3331 Brehms Lane - Balto., Md. 21213

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 25

CERTIFICATE OF DEATH

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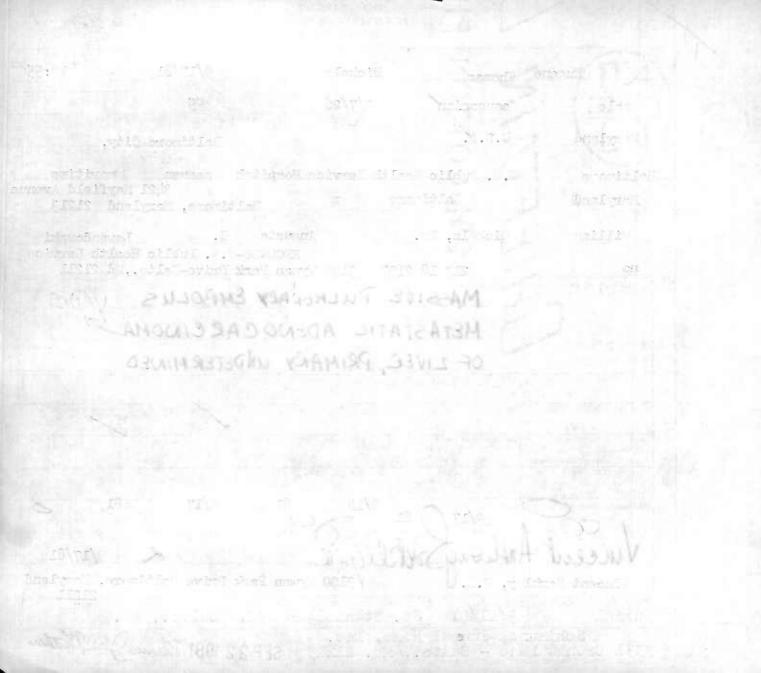
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DIVISION DELITAL RECORDS: POT W-PRESTONST. BALTIMORE, MARYLAND 21201

DHMH - 16 50M 1/81 (VRA 15, 4)

LOCATION CITY DR FORM

Baltimore, Maryland

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Cremation
74 FUNERAL DIRECTOR Walter Brooks Bradley Inc. Balto., Md. 21222

Loudon Park Cemetery Baltimore, Maryland

158 DATE HECD: BY REGISTRAR 758 REGISTRAR'S SEGNATURE

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	FOR 1 - STATE REGISTR	AR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2 3  MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.								8 4	
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DIVISION DIVISION WRITING WARDED 1 AAGE 3 SH	21d, INJ WHILE AT WO	URY OCCURRED  NOT WHILE AT WORK		OF INJURY (AT HOME, TORY, FARM, ETC.)		CATION		CITY OR TOWN	(	COUNTY		STATE
TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOU EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18 PAGE 4 SHOULD BE FORWARDED TO THE CHIFF MEDICAL EXAMINER ALONG Y TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIFIER. BALLHIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	death ACTUA SIGNA	resulted fram: No	atural causes XX,	scribed obove, held an Accident , S  Dolan, M.D	Autop vicide	, Homicio	stant	MEDICAL EXAMINER  Penn Stre	ond in my  DAT SIGI	£ 9.	-3-81	
	230.BURIAL, CF (SPECIFY) Bur	REMATION, REMOVA	9/8/81	23c. NAME OF CE			RY 23	d. LOCATION CITY OR TOWN		DUNTY	STATE	7,
1207 DHMH-17 (VR A15 ME (5)) 15M 2/80	24 FUNERAL	DIRECTOR		631 Falls F		25	SEP O	Baltimere D. BY REGISTRAR 258 1981 24			then	nd

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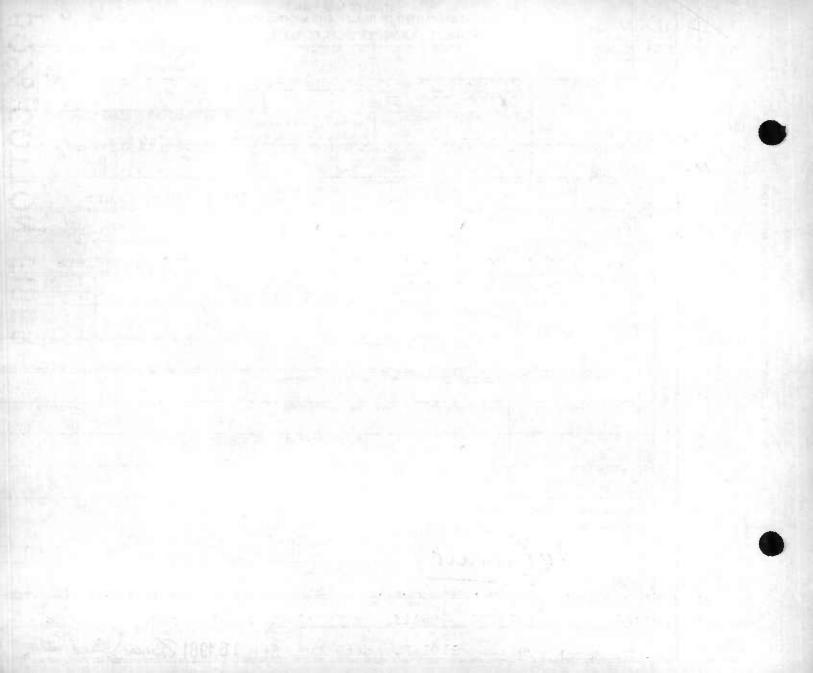
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO L DECEASED NAME 20. DATE KNOWN MONTH 2b. HOUR (TYPE OR PRINT) OF ESTI-Frank Norris DEATH MATED 1319 81 4. RACE 3. SEX 5. DATE OF BIRTH 6 AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY) MONTHS YEAR PRONOUNCED 23 58 YRS 2/14/ DEAD male black 1:38 19 01 Th. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE ISTATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH am MARRIED NEVER MARRIED FOREIGN COUNTRY U. S. A. Maryland WIDOWED DIVORCED Baltimore KIND OF BUSINESS PM 3. RETAIN PAGE ND 2 SHOULD BE FILED. 10. CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION OR INDUSTRY FOR MOST OF WORKING LIFE) Baltimore 320 Herring Court ISUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13b. COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 320 Herring Court Md. Baltimore YES X NO [ 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Crockett Silas LAST FIRST T. PAGES I AND DIVISION OF VIT Norris Hattie GIVE PAGE 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS IYES, NO, OR UNKNOWN) 11-43-1/46 520 N. Madiera St. 213-16-5521 Yes Annie Pierce APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY Arteriosclerotic cardiovascular diseasd IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF A BURIAL - TRANSIT Conditions, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 Id 190. DATE OF OPERATION USED 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? MRITING THE VALUE AND THE CHIEF AGE 3 SHOULD BE USED ATT DEPARTMENT OF H YES | КОИ 21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY (AT HOME 211 LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET STATE CITY OR TOWN COUNTY WHILE NOT WHILE PAGE 4 SHUGHE DIRECTOR: P.
TO FUNERAL DIRECTOR: P.
AFTER DEATH, WITH THE ST.
AFTER DEATH, WITH THE ST. 226. I certify that I took charge of the remains described above, held an Autopsy Inspection XX Undetermined monner death resulted from: Assistant 9/15/81 ACTUAL DATE SIGNATURE SIGNED MEDICAL EXAMINER EXAMINER'S NAME (TYPE OR PRINT) Guard M.D PennStreet 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION STATE Burial 9/18/81 Baltimore Nat'l Baltimore Md. Cem 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - T7 1101 E. North Ave. (VR AT5 ME (5)) T5M 2/80

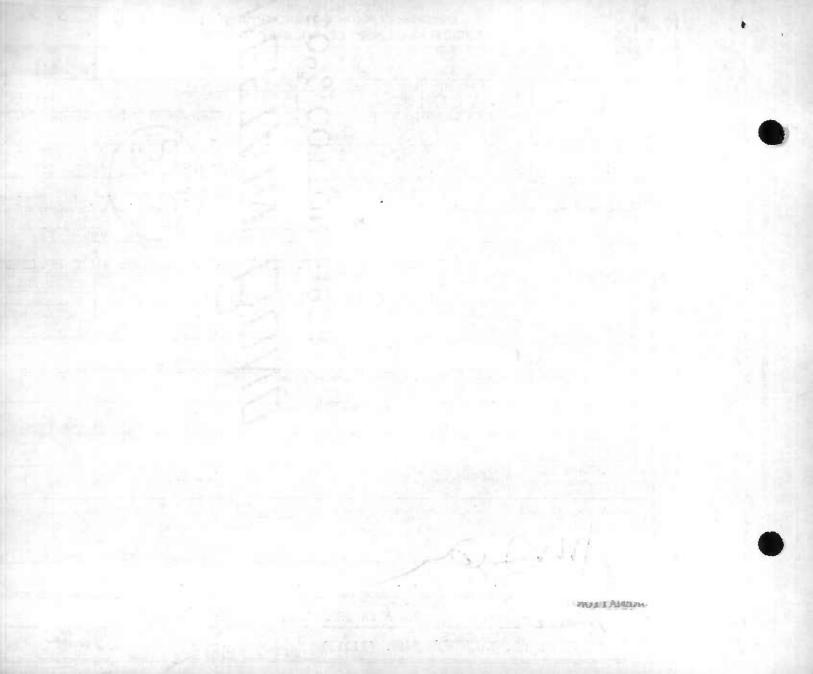


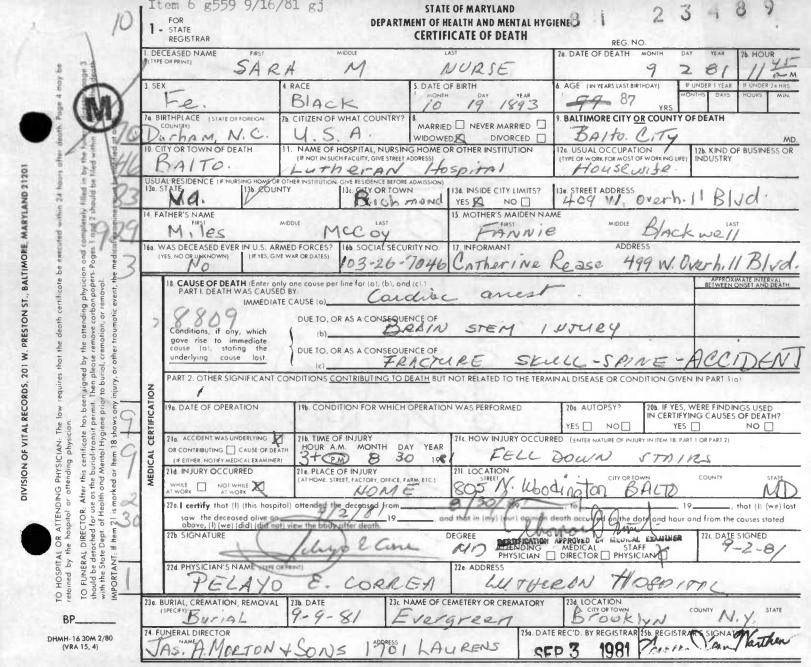
	1,	FOR STATE		DEPARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HY	GIENE 8	23488
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orth. Poge		RTHPLACE (STATE OR FOREIGN COUNTRY) Maryland		WHAT COUNTRY?	08 15  ED   NEVER MARRIED   DIVORCED   DIVOR	9. BALTIMORE CITY OR COULD	NTY OF DEATH
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n 24 haur filled in hould be f	M		OR OTHER INSTITUTION UNITY	GIVE RESIDENCE BEFORE ADMISSION 13c. CITY OR TOWN Rosedale	YES NO 🔀		21237 elphia Road
ompletely ompletely cxemine	0	THER'S NAME FIRST  Charles	MIDDLE E	Schwarz	15. MOTHER'S MAIDEN N. FIRST  Marie	MIDDLE	Appell
be executed on and control or and control or medicol		VAS DECEASED EVER IN U.S. yes, no or unknown) (if yes, NO	GIVE WAR OR DATEST	166 SOCIAL SECURITY NO. 212-01-9475	Harold No:	rris 8413 Ph	iladelphia Ro
DS, 201 W. PRESTON ST., BA quires that the death certificate signed by the attending physic her please removior, or removal jury, or other troumatic event, the present of the state of the	No	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR  (b)  DUE TO, OR  (c)	R AS A CONSEQUENCE OF Higher me ph R AS A CONSEQUENCE OF Metastasis	o lungs & l	t Kidney. Verain MINAL DISEASE OR CONDITION	GIVEN IN PART 110
The low recicion. The hos been te hos been sist permit. The griene prior.	CERTIFICATION	19a DATE OF OPERATION	19b. CONDI	TION FOR WHICH OPERATION	ON WAS PERFORMED		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
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PITAL OR ATTENDI by the hospirol or ERAL DIRECTOR: As redenoted for use Stote Dept of Heal ANT: If them 21 is m		22e.1 certify that (I) (this has saw the deceased alive above, (I) (we) (did) (did) 22b. SIGNATURE	on 913 not) view the body	Ofter death  M.D.	DEGREE ATTENDING PHYSICIAN 220. ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED 9/30/8/
TO HOS TO FUN Should be with the		SURIAL, CREMATION, REMOV		23c. NAME OF	CEMETERY OR CREMATORY as of Faith	23d. LOCATION CITY OR TOWN	Baltimore Md.
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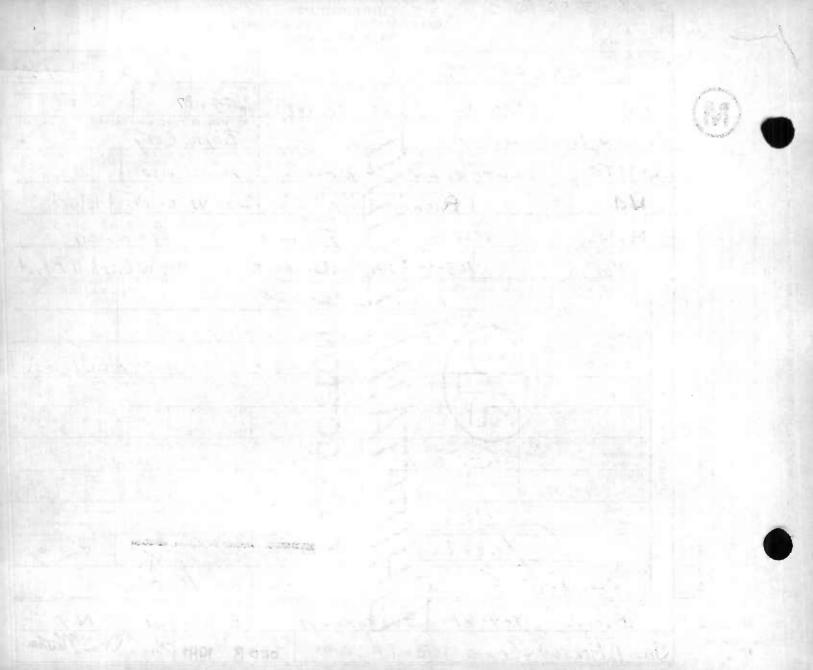
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THE PART OF THE PA - Nov. 4, 1885 Baltimone Sity and apr ic Long Green Nutsin Home Home Homerater - Lown Remark Baltimore Baltimore X 111 W. Centen Street boat your Agness Nany senga moi liv 1018 Barre Street Milliam F. Norton, Butto., We. 120 Br. William C. Helbrich, M.D. Ebbs Foland examps, Balto., Mo. Femous: 10/8/81 Evergreen Jacksonville, Fle. Henry W. Unniting & some Co. ALLE YORK SORG Balto., IVd. 21212

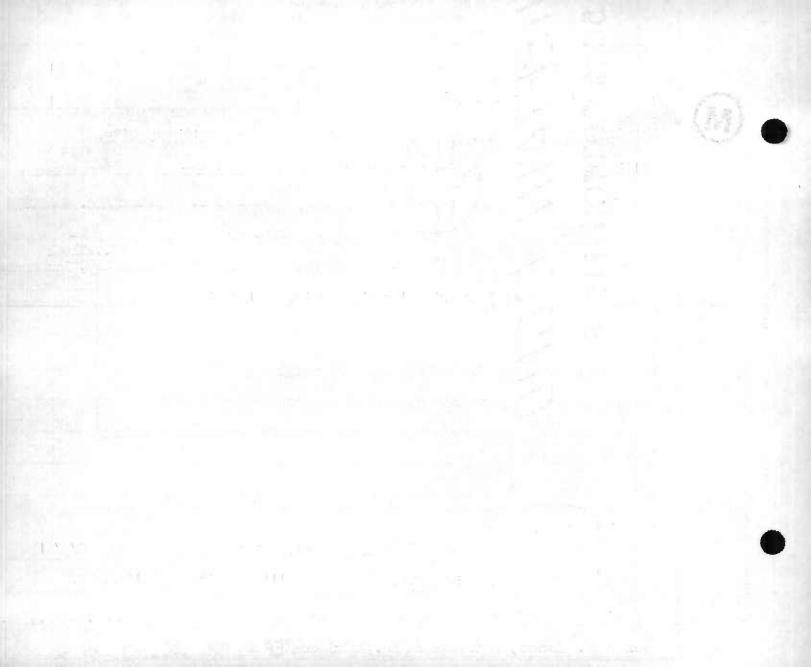
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10000	3. SEX		4. RACE	5. DATE OF BIRTH	6. AGE (IN YEAR ) 6. AGE (IN YEAR ) 1899 82 Y		DER 1 YR.	IF UNDER	24 HRS.	2c. DATE PRONOUNCE DEAD		MONTH 9	DAY	YEAR	2d HOUR 6:40
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Y IS N HE FI ILED, DI W	10. CI	Baltin	more	11. NAME OF HOS				12a. USU	Baltin Jaloccupat Most of Workin SEWIFE	TION (TYPE C	OF WORK	12b. KIND OR II HOME!	NDUSTR	Y	
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PRE, MD.  SEATH. IF SES 1, 2, A PM 3. AND 2 SF	14. FA	THER'S NAME FIRST SAMU	EL	MIDDLE	POTASH		F	R'S MAIDE		MIDD		R	APPA	st PORT	
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TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE PORN TO FUNERAL DIRECTOR: A AFTER DEATH, WITH THE S: P BALTIMORE, MARYLAND, 2		death results	dram: Natur	ral causes X,	2	Autap vicideM	, Hamic	<sub>PECIFY)</sub> istan	Undet	Inquiry Ermined mann	er .	DATE	0-	-20-	81
TO ME EXECU PAGE TO FUI	23a. Bl	PECTA	MOVAL 2		23c. NAME OF CE	METERY O		ORY	[23d. LC	nn St.	MACC	COUN	NTY	STA	TE
283 BP		BURIAL INERAL DIRECT LOMEREIS	10801 IEV	9-22-81 INSON & B RD. BALT	CHEVRA ROS IMORE, MD.					OBURN, REGISTRAR		RAR'S S	/ larly	ren	







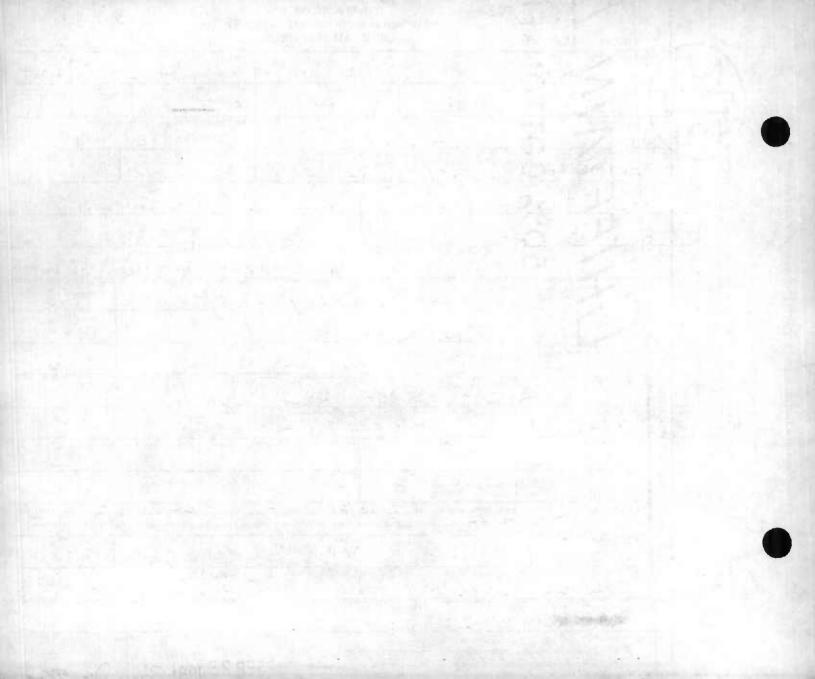
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3. S		4. RACE	Oct. 10	6. AGE (IN LAST BIRT	HDAY) MONTH	DER 1 YR. IF UNDE	R 24 HRS. 2c. DA	TE UNCED AD		AR 2d HOUR 3:15
7 o.	BIRTHPLACE (	White	76. CITIZEN OF W		YRS.		9. BALT		9 2 19 8	
5	Maryla Maryla	nd	U.S.		WIDOW	ED NEVER MAR		Itimore (	City.	MD
10.	CITY OR TOWN	OF DEATH	11. NAME OF HOS	SPITAL, NURSING HO		ER INSTITUTION		UPATION (TYPE OF		BUSINESS
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130.	STATE Md	130 20UN	ROTHER INSTITUTION, G	13c. CITY OR TOWN		13d. INSIDE CITY LIMITS?	13e. STREET ADD			
14	FATHER'S NAM			Brooklyn		YES NO L		. Pataps	co Ave. (	21225)
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	18. CAUSE O	FATH WAS CALISE	N RV.	e far (a), (b), and (c).)	100				APPROXIA BETWEEN O	AATE INTERVAL
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Schau, Cremanicov, Or Remodyal.  30 190 190 190 190 190 190 190 190 190 19	Conditio	ins, If any, which	DUE TO, OR	AS A CONSEQUENC	E OF					
	gove r	ise to immediate ) stating the under-	(b)	AS A CONSEQUENC	F 05					
	lying ca		DOE TO, OR	AS A CONSEQUENC	E OF					
	PART 2 DINER S	IGNIFICANT CONDITIONS	CONTRIBUTING TO DEATN	BUT NOT RELATED TO THE TE	ERMINAL DISEASE	OR CONDITION GIVEN IN ?	ART 1 (a),			
NO NO	1 2 3									
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3 5		AL CAUSE WAS		MONTH DAY YE	AR ZIC HC	OW INJURY OCCURR	ED (ENTER NATURE OF	INJURY IN ITEM 18 PAR	RT 1 OR PART 2)	
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	SIGNATURE	Mis	Mack	Mint	- M		MEDICAL EX		SIGNED	
2		NAME Tho	mas D. Sm	nith, M.D.	M	ADDRESS	MEDICAL EX		to., MD.	19-201
2 730.	EXAMINER'S (TYPE OR PRI	NAME Tho	3b. DATE	11th, M.D.		ADDRESS	MEDICAL EX	. Bal	SIGNED	STATE
BALTIMORE, MARY	EXAMINER'S (TYPE OR PRI BURIAL, CREMA (SPECIFY) BURIAL	TION, REMOVAL 2			EMETERY O	ADDRESSIII R CREMATORY L Cemete:	Penn St	. Bal lvn Hqt	to., MD.	STATE
2 730.	EXAMINER'S (TYPE OR PRI BURIAL, CREMA (SPECIFY) BURI FUNERAL DIREC NAME	al	3b. DATE 9/5/'81	23c. NAME OF C	EMETERY O	ADDRESS	Penn St    23d Location   City OR TOWN   Prook   REC'D. BY REGIST	. Bal lvn Hqt	to., MD.	STATE



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3		1 -	STATE REGISTRAR		DLIAN		ATE OF DEATH	REG. NO.		
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φ 6	d.	3. SE	M	4 RACE	,	5. DATE OF E	BIRTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY	MONTHS DATE	IF UNDER 24 HRS. HOURS MIN.
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PRES	he attraction		Canditions, if any, which gove rise to immediate couse (a), stoting the	(b)_						
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N OF VI	s certificate burrol-transit Mental Hygins IR sh		OR CONTRIBUTING CAUSE OF DE		.M. MONTH [ .M.	DAY YEAR				
DIVISION OF VITAL RECORDS, 201 NG PHYSICIAN: The law requires the other properties of the contract of the cont	the bund wed or h	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE		OF INJURY		If. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
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TEN	for us of He		saw the deceased alive a obave, (I) (we) did)(did n	1		0: 0		death occurred on the date as		that (I (we))ost causes stated
OR A	DIRECTOR oched for u Dept. of He f Hem 21 is		22b. SIGNATURE	of view the body	offer deoth	DEC	GREE		22c. DATE	SIGNED
A TAL	SAL C detoc orte C		A. Wie	man	41		ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	M 9/15	-/81
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110 2 BI	P		Burial	9/18/			al Cemetery	Baltimor	COUNTY	Md
	1-16 50M 1/81		INERAL DIRECTOR		ADDRESS.	-3-1-1	250 DAT	E REC'D. BY REGISTRAR 256		Parce
(1	VRA 15, 4)	Ml	tch@ll-Wiedefe	1d Home	6500 You	rk Rd.	35	P 2 1 1981 19	any	

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

NO [

22c. DATE SIGNED

REGISTRAR		CERTIFICATE OF DEATH REG. NO.											
1. DECEASED NAME FIRST (TYPE OR PRINT)		NIDDLE		IVER		20. DATE OF DEATH MONTH SEPT.	DAY YEAR 12 1991	26 HOUR					
HATT	LE P	E M.						11:55A					
3. SEX	4. RACE		5. DATE O			6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS					
FEMALE	WHIT	WHITE			04	77 YR:	S. MONTHS DAYS	HOURS MIN.					
To BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8			9. BALTIMORE CITY OR COUN	NTY OF DEATH						
GERMANY	U.S.	A.	WIDOWE		WARRIED W	PALETHOR PETY							
10. CITY OR TOWN OF DEATH  BALTIMORE		OSPITAL, NURSIN	ADDRESS)	ROTHER INS		170. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN SEAMSTRESS		F BUSINESS OF					
130. STATE 136. CC		GIVE RESIDENCE BEFORE 13c. CUY OR TOW ARBUTU	ADMISSION)	13d INSIDE C	2000	13e. STREET ADDRESS 5003 WESTLAND	BOULEVAR	RD, 2122					
14. FATHER'S NAME				15. MOTHER	S MAIDEN NA								
UNKNOWN	MIDDLE	BAYER			OTTILIA	WIDDLE	DEF	RRING					
160. WAS DECEASED EVER IN U.S.		166 SOCIAL SECU	RITY NO.	17 INFORMA	INT	ADDRESS							
(YES, NO OR UNKNOWN) (IF YES	, GIVE WAR OR DATES)	219-18-	1085	HATT	IE MAGN	ER 5003 WESTLA	AND BLVD.	21227					
IB CAUSE OF DEATH (Enter PART I. DEATH WAS CAI		9nha	Cere	bral	Haes	nonhage	BETWEEN	MATE INTERVAL ONSET AND DEATH					
4310	DUE TO, OR	AS A CONSEQUE	NCE OF				- 200						

Conditions, if ony, which gove rise to immediate couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) CERTIFICATION

20b. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOX YES [ 71b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART ) OR PART 2) 210. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR

OR CONTRIBUTING CAUSE OF DEATH P.M. 19 (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY STREET CITY OR TOWN COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

MEDICAL STATE NOT WHILE 220. I certify that (1) (this hospital) attended the deceased from sow the deceosed alive an and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 27e. ADDRESS 22d PHYSICIAN'S NAME TYPE OR PRINT

DEGREE

SINHA 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23a. BURIAL, CREMATION, REMOVAL

BUR LAL COUNTY STATE 09-15-81 MEADOWRIDGE MEM. HOWARD 24 FUNERAL DIRECTOR 21229

HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

obove, (1) ( did) (did not) view the body after death

22b. SIGNATURE

BP.

HATTIE CONTROL TO THE STATE OF THE STA DENGLISH THE LAND AND THE STATE OF THE SERVICE SEPECTATION OF THE SERVICE SERVICES AND ADDRESS OF THE SERVICES AND FOR

poge 3 er death STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	REGISTRAR				CERTIF	ICATE OF DEATH	RF	G. NO.		
	CEASED NAME	Ethel	Vi^	rginia	O,	Neal	20. DATE OF DEAT		DAY YEAR	2b. HOUR
	611	R		WES !!	0 1	Jeal	9/2	5/8/		6 PM
3. SE	× 1220 10	4.1	RACE	ite	NOT	OF BIRTH 29 1889	6 AGE (IN YEARS LA		MONTHS DAYS	HOURS MIN.
Ar B	IRTHPLACE (STATE OR	FOREIGN 7b.		WHAT COUNTRY?	8	- 17 - VOUED 11-10-15-0 F	9 BALTIMORE CI	YRS TY OR COUNT	Y OF DEATH	
3	Devern	MD		5	WIDOWE		Palt	THION	7 the	1) MD.
	DOIN OF DE	1/	NOT IN SUCH	FACILITY, GIVE TREET	ADDRESS)	Men Cente	12a USUAL OCCU			home
130.	AL RESIDENCE (IF NUR	AA	ier institution,	Severi		13d. INSIDE CITY LIMITS?	13e. STREET ADBRI	Box 5		
C	ATHER'S NAME	W.		Boyër		15. MOTHER'S MAIDEN N	MIDD		) Nie	dhoter
	WAS DECEASED EVER	N U.S. ARME		216-20.	IS91	Mrs. Ruth		d (nie	ce) Se	vern,MD
	PART 2 OTHER SIG	IMMEDIATE C	DUE TO, OF	A CONSEQU	ENCE OF	helity helity NOT RELATED TO THE TER	MINAL DISEASE OR C	CONDITION GI	ilaye	IMATE INTERVAL ONSET AND DEATH
CERTIFICATION	19a DATE OF OPERA	TION	196. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	280 AUTOPSY?	IN CERT	S, WERE FINDI IFYING CAUSE ES [	
	210. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER NOTIFY MED	CAUSE OF DEATH	21b. TIME OF HOUR A.A P.A	A. MONTH D	AY YEAR	ZIc. HOW INJURY OCCU	RRED (ENTER NATURE OF	INJURY IN ITEM 18	PART 1 OR PART 2)	and the second
MEDICAL	WHILE NOT WE AT WORK	HILE [7	21e PLACE C	OF INJURY SET, FACTORY, OFFICE, I	FARM, ETC )	211. LOCATION STREET	CITY	ORTOWN	COUNTY	STATE
	22a.1 certify that (I) sow the decease oboyes (I) (we) ( 22b. SIGNATURE	ed olive on	sept:	19/		id that in (my) (our) apinion DEGREE ATTENDING PHYSICIAN		STAFF		that (II (we) lost couses stated
	224 PHYSICIAN'S N	AME (TYPE OR PR	1 1	EDM	D.	22e ADDRESS	HAS ?	St. Be	100	No. 2125x
23a. l	BURIAL, CREMATION,	, REMOVAL	23b. DATE 1 Oct	23ε.	NAME OF C	EMETERY OR CREMATORY Haven Mem	PK G18h	"Burni	e AA	MD STATE
24 F	uneral director ingleton	Funer	al Ho	me, Gl	en Bu	arnie,MD (	ATE REC'D. BY REGIST	RAR 25b. REGIS	TRAR'S SIGNA	Narthen

DHMH-16 30M 2/80 (VRA 15, 4)

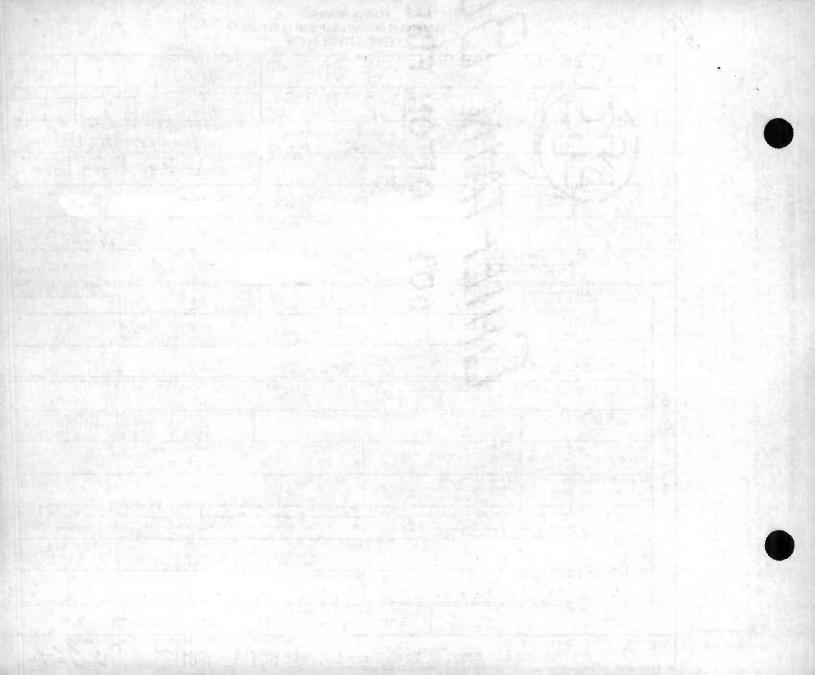
BP.

etoined by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and coil should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

ony injury, or other troumotic event, th

MPORTANT: If Hem 21 is morked or Item 18 shows



	1	- STATE REGISTRAR		DEPART		ICATE OF DEATH	REG. N	6.4	•	
		CEASED NAME FIRST	A	MIDDLE		AST	20 DATE OF DEATH		DAY YEAR	2b. HOUR
			S GILBERT	OREM			9/13/8	1		
19月	3. SI	X	4 RACE		5. DATE (		6. AGE (IN YEARS LAST BIR	HDAY)	IF UNDER 1 YEAR	_
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0 0	ļo E	IRTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 AA A DD IE	D NEVER MARRIED	9 BALTIMORE CITY C		OF DEATH	
5 55	1	Md.	U.	S.	WIDOW		Balto	City	7	
10	10 0	Balto.	(IF NOT IN SUC	HOSPITAL, NURSING HEACHLITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST OF Retire	ON F WORKING LIF	12h KIND (	OF BUSINESS
Br	13a	AL RESIDENCE (IF NURSING HOMI STATE 136, CC	E OR OTHER INSTITUTION,	GIVE RESIDENCE BEFOR	RE ADMISSION)	13d INSIDE CITY LIMITS?	130. STREET ADDRESS 519 Car		C+	
300	14. F	ATHER'S NAME FIRST	WIDDLE	LAST		15. MOTHER'S MAIDEN NA		.sbau	LA.	ST
97	160	WAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECT	JRITY NO.	17 INFORMANT	ADDRE	SS		
med			GIVE WAR OR DATES)	?		Son				
the the		18 CAUSE OF DEATH (Enter	r only one cause per	line for (a), (b) ar	nd (c).)				APPROX	IMATE INTERVAL
vent		PART I. DEATH WAS CAL	USED BY:	CVA					BEIWEEN	
al, crematian, ar r ather traumatic		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	(b)	R AS A CONSEQUI	50	with hyper	tensin		4	ems
njury, a	NO	PART 2. OTHER SIGNIFICAN	T CONDITIONS CO	NTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	OITION GIV	EN IN PART 1	a
ows any	CERTIFICATION	190. DATE OF OPERATION	19b CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIF	S, WERE FINDS	NGS USED OF DEATH?
mental Hygie ar Item 18 sha		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMIN	DEATH HOUR A.A	M. MONTH D.	AY YEAR	21c. HOW INJURY OCCUR		. 1	_	
orked ar	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE C	OF INJURY EET, FACTORY, OFFICE, F	FARM, ETC.)	211 LOCATION STREET	CITY OR TOW	н	COUNTY	STATE
l is mo		22a.1 certify that (1) (this has saw the deceased alive			21	d that in (my) (aur) apinion		,		that (I) (we)
rte Dept. a T. If Item 2		above, (1) (we inid) (dia 22b. SIGNATURE	non wew the body of	ofter deotha		ATTENDING PHYSICIAN	MEDICAL STAF	F	22t. DATE	
with the State I		Dr. L.A. K	C. C	~	F	10 Stone hou			08 "	
s <u>s</u>	230.	BURIAL, CREMATION, REMOV	AL 23b. DATE	/81 236.1	Greer	emetery or crematory mount Cem.	23d LOCATION CITY BOLLO	Md.	COUNTY	STATE
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201 W. PRE	HOULD BE EXECUTED WITHIN 24 HOURS AFTER DE- RD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGE THEF MEDICAL EXAMINER ALONG WITH FORM USED AS A BURIAL-TRANSIT PERMIT. PAGES (AP OF HEALTH AND MENTAL HYGIENE, DIVISION OF RIAL, CREMATION, OR REMOVAL.	-	gave ris	s, if any, which e ta immediate stating the <u>under-</u> se last.		TO, OR AS	A CONSE	OUENCE	F									
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DIVISION	THIS CER WARDED WARDED PAGE 3 SI TATE DEP	MED	21d. INJURY O WHILE AT WORK	NOT WHILE D	SI	PLACE OF I TREET, FACTORY home	FARM, ETC.)	AT HOME,		cation treet )9 Pop	land	St.	CITY OR TO			COUNTY		STATE MD.
•	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD EXECUTE THE CERTIFICATE, WRITING THE WORD "PAGE 4 SHOULD BE FORWARDED TO THE CHIEF. TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BATTIMORE, MARYLAND, 21201 PRIOR TO BURIAL.		220. I certif deoth resulte ACTUAL SIGNATURE	y that I took charg d fram:	e of the rem	J. J.	ad above	held on	Autop	Homis TITLE (S	Inspection of the Inspection o		Inquiry	onner	ond in m ], DA SK	y opinion		3/81
	O MEDIC XECUTE 1 AGE 4 S O FUNE FTER DE	1	EXAMINER'S I	NAME The	omas 1	D. Smi	†h,			ADDRESS_	111	Penn		Bal	to.,	MD.		
0/8/	525549	230.B	URIAL, CREMAT PECHYL Urial	ION, REMOVAL 2		0.4		ME OF CEM				-	CATION			COUNTY		ATE
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

CERTIFICATE OF DEATH

REG NO

- STATE

REGISTRAR

Proc ther, is resimpling. THE LOW DATE OF THE

6	1.	FOR STATE REGISTRAR			DEPART	MENT OF	E OF MARYLAND IEALTH AND MENTAL HYC ICATE OF DEATH	GIENE S REG. NO	2 3	5 5	0 5
m £		CEASED NAME OR PRINT)	FIRST		MIDDLE	3-11	Parker	100	MONIH DAY		26 HOUR
96			Norma	(	Onita		raike.	September	30	,1981	3:50pm
(M)	3. SE	female		4. RACE		5. DATE O		6. AGE (IN YEARS LAST BIRT	HDAY) IF	UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
IF BO	7 B	IRTHPLACE (STATE COUNTRY)		76. CITIZEN OF	WHAT COUNTRY	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY O Baltimore	R COUNTY O	FDEATH	MD.
by the filled with	Ва	altimore		Mary 1	and Gener	al Ho	or other institution spital	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Crab-picke	WORKING LIFE)	12b. KIND C INDUSTRY shell	F BUSINESS OR
hould be	130 M	aryland	IN COUN	other institution ity hester	I GIVE RESIDENCE BEFORE TO VERY STORY OF TO VERY STORY OF TO VERY STORY OF TO VERY STORY OF THE PROPERTY OF TH	WN	13d INSIDE CITY LIMITS? YES NO	130. STREET ADDRESS			
Completely 1 ond 2 sh	14 F/	ATHER'S NAME FIRST Charle		widdle Washing	ton Wa	llace	15 MOTHER'S MAIDEN NA FIRST  Alverta	WE	To	olley	т
Poges 1		VAS DECEASED EN YES, NO OR UNKNOWN		MED FORCES? E WAR OR DATES)	166 SOCIAL SEC 217-10-	Westminster, Md. 2115 50 Plesant Valley R					
gned by the ottending an please remove carbo bunal, cremation, or ri iry, ar other troumotic e	7	PART ? OTHER S	thy, which immediate oring the luse lost.	DUE TO, (c)	dr as a conseol	JENCE OF	he lung with				
The St. The St	ě	Pneumor	nia								
thos bernittiene price	CERTIFICATION	190 DATE OF OPE	RATION	196 CONE	DITION FOR WHICH	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?  YES NO X	20b. IF YES, V IN CERTIFYIN YES [		
his certificate buriol-trons of Mental Hyg or Item 18 st	MEDICAL CER	21a. ACCIDENT WAS OR CONTRIBUTING [ (IF EITHER NOTIFY A 21d. INJURY OCC	CAUSE OF DEA	TH HOUR A	P.M. OF INJURY	19	216. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR		(OUNTY	STATE
After II to sthe lith one	×	AT WORK AT	T WHILE WORK		TREET, FACTORY OFFICE.						STATE
CTOR.		sow the deci	eosed alive on (did) XIXIX	Septer	nber 30 <sub>19</sub> y ofter death.	81	mber 22, 19 81 and that in (my) (our) opinion				that (h (we) last couses stated
detoched ofe Dept of Dept		22b. SIGNATURE	- Tu	m+			DEGREE ATTENDING PHYSICIAN [	MEDICAL STAF DIRECTOR PHYSIC		224 DATE	30 B1
FUNERA		22d. PHYSICIAN'S		7			22e ADDRESS				
MAPO MAPO		Karen	Trent	М. Б			c/o Marylan	nd General H	lospita	1	

Dorchester Hem. Pk. Cem 23

DHMH - 16 50M 1/81 (VRA 15, 4)

Curran Funeral Home, 308 Hights St., Cambridge,

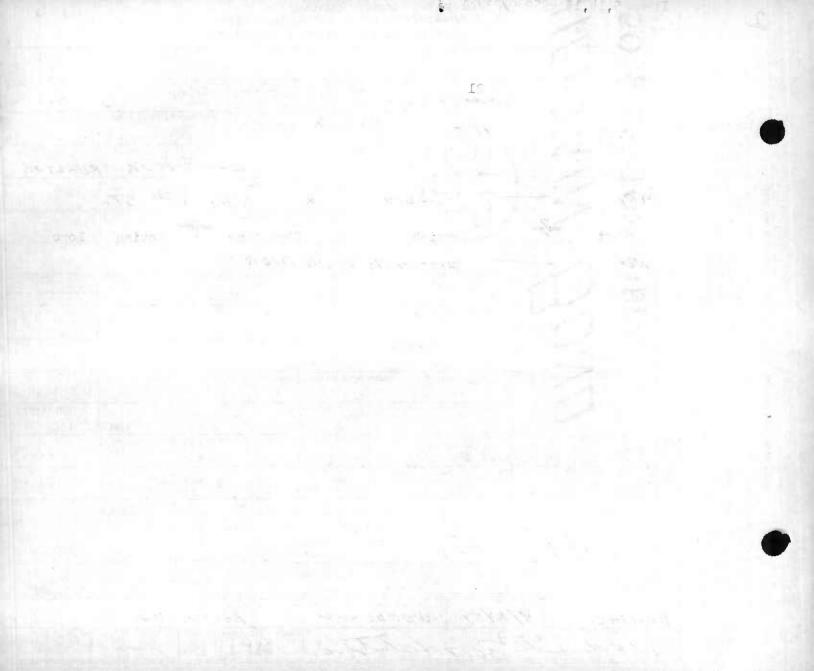
Oct.5,1981

230 BURIAL, CREMATION, REMOVAL (SPECIFY) burial

23d LOCATION
ATTPEY, Cambridge, Dorchester, Md

The latest the state of the sta 

2	Items 5,14,15 g559 9/23/81 g3 STATE OF MARYLAND  FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 2 3	0 0
The state of the s	REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
	I. DECEASED NAME FRST MIDDLE LAST 20. DATE KNOWN MONTH DAY (TYPE OR PRINT)	YEAR 76. HOUR
28 R 28 F	Robert Franklin Parrish DEATH MATED 9 6	19 8] M
A C A C A	MONTH YEAR LAST RIPTHDAY	YEAR 2d. HOUR
1000	male white PAPA 4/ YRS DEAD 9 6	1981 1:20
經續所	POREIGN COUNTRY?  7.6. CITIZEN OF WHAT COUNTRY?  8. MARRIED NEVER MARRIED   9 BALTIMORE CITY OR COUNTY OF C	EATH
	WIDOWED DIVORCED Baltimore City	
IAL RECORDS 201	10. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GNE STREET ADDRESS)  120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)  11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GNE STREET ADDRESS)  12. ARPENTER  13. ARPENTER  14. ARPENTER  15. ARPENTER  16. CITY OR TOWN OF DEATH	ND OF BUSINESS R INDUSTRY
See		PALTOR
8	USUAL RESIDENCE (# IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  136. STATE 136 COUNTY 136. CITY OR TOWN 136. INSIDE (ITY LIMITS? 136. STREET ADDRESS	
	MP, BALTO, YES NO 13705 6. DA ST.	
A	14. FATHER'S NAME FIRST  MIDDLE  LAST  15. MOTHER'S MAIDEN NAME FIRST  PROPLE	LAST
DIVISION OF A	Robert Parrish Christine Louise I	Loro
NO /	160. WAS DECEASED EVER IN U.S. ARMED FORCES?  (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES)  160. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	
1	MO (FES. ONE WAR OK DATES) 213-34-7576 MOTHER	
	PART I DEATH WAS CAUSED BY.	PPROXIMATE INTERVAL WEEN ONSET AND DEATH
PERMIT. SIENE, D VAL.	[ Immediate Cause (o) Gun shot wound of head Gun: Handgun	
ED TO THE CHEF MEDICAL EXAMINER ALONG 3 SHOULD BE USED AS A BURIAL - TRANSIT FERM DEPARTMENT OF HEALTH AND MENTAL HYGIENE PRIOR TO BURIAL, CREMATION, OR REMOVAL.	Conditions, if any, which	
RAL	gove rise to immediate (b)	THE REST
0	couse (o) stoting the <u>under-lying couse lost.</u> DUE TO, OR AS A CONSEQUENCE OF	
Ď.	(c)	
EWA	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to	
5	Q 190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED? 120 A	
RIAL	9	YES X (HO)
	210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 216 HOW INJURY OCCURRED LENIER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2	YES NO
3	UNDERLYING OR HOUR A.M. MONTH DAY YEAR	
Sign	UNDERTYTING OR CONTRIBUTING CAUSE OF DEATH 1:02 P.AM 9/6 1981 Shot Self  21d. INJURY OCCURRED  21d. INJURY OCCURRED  21d. INJURY OCCURRED  21d. INJURY OCCURRED  STREET, FACTORY, FARM, ETC.)  STREET, FACTORY, FARM, ETC.)	
	WHILE NOT WHILE AT WORK AT WORK AT WORK AT HOME 3705 6th Street, Baltimore,	MD
7		MD
	22a   certify that I took charge of the remains described above, held on Autopsy XX. (headio on y) Inquiry . ond in my opinion	
3	doubt resulted from	
WAR	ACTUAL TITLE (SPECIFY)  ACTUAL DATE	0.16.163
RE,	SIGNATURE	9/6/81
BATTIMORE, MARYLAND, 2120	EXAMINER'S NAME Hormez R. Guard, M.D. ADDRESS 111 Penn Street, Baltimore,	MD
ALT	(TYPE OR PRINT) NOT HIELZ R. GUAT U, PI.D. ADDRESS 111 FEITH Street, BATCHHOTE,	יויי
20	230. BURIAL CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OF CREMATORY SITURD COUNTY BALTO. MO.	STATE
	BURIAC 9/10/81 WOODLAWN BALTO. MO. 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR'S SIGNAT	HPFM
,		Marca
1	10mc, - 36//0000	



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 1. DECEASED NAME MIDDLE 2a DATE OF DEATH 2b HOUR (TYPE OR PRINT) MELLIE PARSON 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) 3 SEX 5. DATE OF BIRTH MONTH VEAD DAY MONTHS DAYS Black Female 01 00 To BIRTHPLACE ISTATE OF FOREIGN 7h CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED MARRIED irginia WIDOWED Baltimore City CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12n USUAL OCCUPATION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) BALTO MORTH CHARLES Char-Women Soc. Sec. Naryland 21216 2040 Ruxton A-USUAL RESIDENCE (IF MURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d INSIDE CITY LIMITS? Maryland Baltimore Ruxton Avenue, Balto.. YES X 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME AA IDDI E EIRST Dudley John Ann Whiting 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT Baltimore Maryland 21216 201 W. PRESTON ST., BALTIMORE, (YES NO OR UNKNOWN) LIEYES GIVE WAR OR DATEST Maurice P. Waters 2040 Ruxton no APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) SHOCK PART I. DEATH WAS CAUSED BY MMEDIATE CAUSE PNELMONIA PIRATION Conditions, if ony, which gove rise to immediate couse los, stoting the DUE TO, OR AS A CONSEQUENCE OF TON underlying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11d DIVISION OF VITAL RECORDS, CERTIFICATION 190 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? pe NO [ and Mentol Hygie 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 MONTH DAY YEAR HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH WEDICAL buriol-(IF EITHER, NOTIFY MEDICAL EXAMINER) 19 21d INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY ō (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF TOWN COUNTY STATE WHILE NOT WHILE AT WORK AT WORK 220 I certify that (I) (this hospital) attended the deceased from ond that in (my) (our) ppinion death occurred on the date and hour and from the couses stated obove, (1) (we) (did) (did not view the body ofter death 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING No. MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22d PHYSICIAN'S NAME LTYPE OF PRINT 22e ADDRESS the the 230. BURIAL, CREMATION, REMOVAL 23r NAME OF CEMETERY OR CREMATORY 23b. DATE MemorialPK Baltimore County, Burial BP 24 FUNERAL DIRECTOR DHMH - 16 50M 1/76 (VR A 15 (4)) FIR FUNERAL HAME 3035 W. NURTH

Control Contro The state of the s The second of th TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and can haud be detoched for use as the buriol-transit permit. Then please emore carbon papers. Pages I will the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or semanal.

retained by the hospital or attending physicia

DHMH - 16 50M 1/81 (VRA 15, 4)

MPORTANT: If Item 21 is morked or Item 18 shows ony injury, or other Ites

ster, page 3 ofter death

may be

	1.	FOR - STATE REGISTRAR	DEP	ARTMENT OF H	OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENES REG. N	233	0 8
ń		CEASED NAME FIRST E OR PRINT)	JOSEPHINE		SZKIEWICZ		MONTH DAY YEA	8:10PM M
	3 SE	EMALE	WHITE	5. DATE O		6 AGE (IN YEARS LAST BIR	YRS MONTHS D	YEAR IF UNDER 24 HRS
5	(	IRTHPLACE   STATE OR FOREIGN	16. CITIZEN OF WHAT COUN	MARRIED		BALTIMORE CITY OF	ORE CI	TY MD.
5	3	ALTIMORE	II. NAME OF HOSPITAL, NU PIFFER IN SUCH FACILITY, GIVES	IRSING HOME OF	TAL	120. USUAL OCCUPATION OF COME	ON 126. KINDUS	ND OF BUSINESS OR
5		ALPESIDENCE IN NURSING HOME OF THE COU		IOWN IMORE	13d. INSIDE CITY LIMITS?	13.6 TREET ADDRESS	CURLEY	Si
0	H.EA	GEORGE	KOKOSZK	t <sub>A</sub>	HELE H	MILK		LAST
		VAS DECEASED EVER IN U.S. A OWN) (IF YES, G	RMED FORCES? 166 SOCIAL:	SECURITY NO.	ANTHONY +	ASKIFUSIC	z 6295	CURLEY
			DUE TO, OR AS A CONS  (b) CONGE  DUE TO, OR AS A CONS	ESTED CA	ATORY FAILUR RDIAC FAILUR		AP 8ETW	PROXIMATE INTERVAL VEEN ONSET AND DEATH
	NOI	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING			MINAL DISEASE OR CON	DITION GIVEN IN PAR	T Ita
2	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WI	HICH OPERATION	N WAS PERFORMED	288. AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAU YES	
7		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR	216 HOW INJURY OCCUR	RRED (ENTER NATURE OF INJUI	EY IN ITEM 18 PART 1 OR PAR	T 2)
	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	FICE FARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN COUNT	Y STATE
		saw the deceased alive of abave, (1) we) (did) (did no	nital) attended the deceased from 9-10 at) view the bady after death.	19 <u>81</u> , on	19 81 d that in (my) our opinion	, to9=10 death occurred an the do	19 81 ate and hour and fram	, that (1) we last
		22h. SIGNAURE	Themas			MEDICAL STAF DIRECTOR PHYSIC	FIAN 99	T-18-89/
		CCV VP RURUSHI	DJHAMAN MR	M.D		RCH (HOSPEITAL EFIMORE) DMAR		QN 100 N. 231
	1	SURIAL	9-15-1981	ST. STA	NETERY OF CREMATORY	BALTI	MORE	mo"
	R	AYMOND K. 1	KACZOROWS	ski 32	525 St. 25 L DA	SEP 14 198	Thomas of	Lam Dusto

28 6621 h5 9 321 HIP 3 3/3163 TOUTHOUSE CHILLY OF THE SHIP HOLD SOUTH DINEYEDD IN PROPERTY OF THE KINE OF THE STATES AND THE ALIE HELEN EST VILLE HELEN BUILD Edward Street Control AND ELECTRICAL AND A PROPERTY OF THE PARTY O STREET, STREET NAVOROLIS AN KALEDARD SEE THE SEE 14 1991 SEE 14 1991

FOR - STATE

(TYPE OR PRINT)

3. SEX

REGISTRAR

Thelma

4. RACE

DECEASED NAME

STATE OF MARYLAND **DEPARTMENT OF HEALTH AND MENTAL HYGIENE** CERTIFICATE OF DEATH REG. NO. LAST 20. DATE OF DEATH MIDDLE 26 HOUR S. Pate 81 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR

	Female	White		Mar	28,1904	77	YRS		
-	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	8. MARRIE	D NEVER MARRIED	9. BALTIMORE CITY	OR COUNTY	OF DEATH	
	eorgia	USZ		WIDOWE		Baltimor	e	ny	M
10 C	ITY OR TOWN OF DEATH	NAME OF H	HOSPITAL, NURSING	HOME C	OR OTHER INSTITUTION	120. USUAL OCCUP		126. KIND OF B	USINESS OR
Ba	ltimore	Jewis	h Co nva	les	cent Home	Housewif		11.0001K1	
13n	AL RESIDENCE (IF NURSING HOTEL)		GIVE RESIDENCE BEFORE A		13d. INSIDE CITY LIMITS?	13e STREET ADDRES	c		110
M		r Geo	Foresty			3735 DC		Drive	
14. F/	ATHER'S NAME				15. MOTHER'S MAIDEN NA	WE	- 310		
100	Thomas	MIDOLE	andiford		Athea	MIDDLE		Wvnn	
16a \	VAS DECEASED EVER IN U.S.		16b SOCIAL SECUR	ITY NO.		ighter ADD	PRESS	WYYIII	
(	YES NO OR UNKNOWN) (IF YES.	GIVE WAR OR DATES)	Not know	wn	Elnora P.		S	ame as	#13
	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAL	anly one couse per ISED BY:	line for (a), (b), 000	(c).)	lear arr	et		APPROXIMA BETWEEN ONS	E INTERVAL ET AND DEATH
1	IMMED	IATE CAUSE (o)				1			/
	Conditions, if any, which	DUE TO, OF	R AS A CONSEQUE	SERE	troscherolice	Hear K	neoso	3 HE	cls
	gove rise to immediate cause (a), stating the	DUE TO OF	AS A CONSEQUEN	CPIORA	are bla	en Due	120	24	-015
	underlying couse last.	(c)	0	779					
10	PART 2. OTHER SIGNIFICAN	T CONDITIONS CO	NTRIBUTING 10 DE	ATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OF CO	ONDITION GIVEN	NIN PART 1(0)	
ON			Pa	ski	epsons D	2304			
CERTIFICATION	9a DATE OF OPERATION	196 CONDI	TION FOR WHICH O	PERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDINGS NG CAUSES OF	
CER	210. ACCIDENT WAS UNDERLYING	- HOUSE A.		VEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF II	NJURY IN ITEM 18, PAR	T 1 OR PART 2}	
AL	OR CONTRIBUTING CAUSE OF	DEATH	M. MONTH DAY	19 19	0.00401.00				
MEDICAL	21d. INJURY OCCURRED	21e. PLACE C		17	21f LOCATION				
ME	WHILE NOT WHILE AT WORK	(AT HOME, STR	EET, FACTORY, OFFICE, FAR	M, ETC.)	STREET	CITY OF	TOWN	COUNTY	STATE
	22a. I certify that (1) (this ha		- //	1 11	s 5 19 19	_, to 5-492	, 13	-	t (I) <del>(w</del> e) los
	sow the deceased alive above, (I) (we) (did) and		ofter death.	, or	nd that in (my) (eur) opinion	death occurred on the	dote and hour o	and from the cou	ises stated
	22b. SIGNATURE	anuel	Lein	n	ATTENDING PHYSICIAN	MEDICAL S	TAFF SICIAN []	22c. DATE SK	-/81
	22d PHYSICIAN'S NAME (TY)	PE OR PRINT)	~	10	220 ADDRESS H	ets AVE		MD 2	1215
220	CHIDIAL CREMATION STUCK	AL TOOL DAYS	T22. 514	ME OF C	EMEREDA OD COEMPOON	Tool LOCATION			
230.	BURIAL, CREMATION, REMOV	AL 23b. DATE	230 NA	ant Or C	EMETERY OR CREMATORY	23d. LOCATION		COUNTY	STATE

DHMH-16 30M 2/80 (VRA 15, 4)

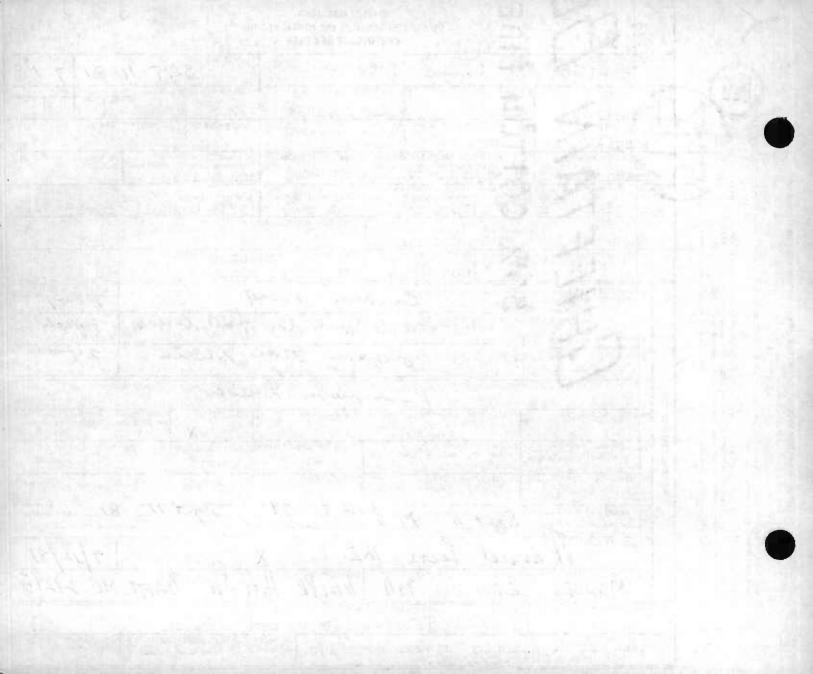
morkedor

MPORTANT: If Item 21 is

Pleasant Grove Cem Burial E. Wilhelm Funeral Home Inc Suitland, Md.

23d. LOCATION
CITY OR TOWN
Barwick COUNTY STATE

Ga. 25 DATE REC'DI BY REGISTRAR 255 REGISTRAR'S SIGNATURE



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely illied should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should twith the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

ector, page 3 rs ofter death

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

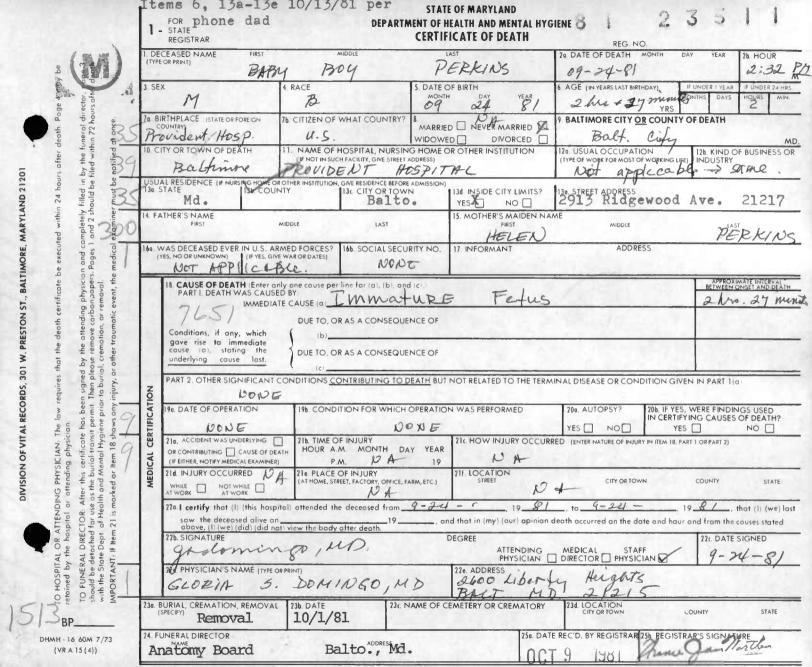
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	REGISTRAR			CEKITI	ICATE OF DEATH	RE	G. NO.		
	CEASED NAME FIRST	MIDD		L	AST	20. DATE OF DEA	Н монтн	DAY YEAR	2b HOUR
	BABY	Boy	PEARS			SEPT.	4	1981	4:55%
3 SE	MALE	1 RACE WH	ITE	S. DATE O	DAY YEAR	6. AGE (IN YEARS LA		MONTHS DAYS	IF UNDER 24 HE
	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WH	AT COUNTRY?	8 MARRIED	NEVER MARRIED	9 BALTIMORE CI	TY OR COUN	TY OF DEATH	
2.4	MRYLAND	U.S	•	WIDOWE		BALTIN	IORE	CITY	1
0	HTIMORE CITY		PITAL, NURSINGLING, GIVE STREET		ROTHER INSTITUTION	12a. USUAL OCCU		LIFE) 126. KIND (	A A
USU/	AL RESIDENCE UF NURSING HOME FTATE 1136 COU	NTY / / 130		ADMISSION)	13d. INSIDE CITY LIMITS?	13e. STREET ADDR	HAR bo	R DRI	re
14 FA	THOMAS	Z. P	EARSON	7	7 PRESA	ANN		Vermi /1	ion
(		RMED FORCES? 161	SOCIAL SECU	RITY NO.	Thomas Pen	430%	13e		IMAYE INTERVAL ONSET AND DEAT
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last	/	S A CONSEQUE		TENSIC		^		
FICATION	gove rise to immediate	CONDITIONS CONT	S A CONSEQUE	TAN C	E FETAL CIR	CILATION MINAL DISEASE OR 200 AUTOPSY?	ASPIRATE ONDITION G	GIVEN IN PART 1	NGS USED S OF DEATH?
CERTIFICATION	gove rise to immediate couse IoI, stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING	CONDITIONS CONTI	S A CONSEQUE FRSIS RIBUTING TO D	TAN C	E FETAL CIR	200 AUTOPSY?	ASPIRATE ONDITION G	TION PART 1  TES, WERE FINDI TIFYING CAUSE. YES	NGS USED
	gove rise to immediate couse (o), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT  19a. DATE OF OPERATION	CONDITIONS CONTINUE OF INHOUR A.M.	S A CONSEQUE  RIBUTING TO C	TAN C	E TETAL CIR NOT RELATED TO THE TERM	200 AUTOPSY?	ASPIRATE ONDITION G	TION PART 1  TES, WERE FINDI TIFYING CAUSE. YES	NGS USED S OF DEATH?
MEDICAL CERTIFICATION	gove rise to immediate couse (0), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING (OR CONTRIBUTING CAUSE OF OIL (IF EITHER, NOTIFY MEDICAL EXAMINI) 21d. INJURY OCCURRED	19b. CONDITIONS CONTINUE OF INHOUR A.M. POWER AND P.M. 21e. PLACE OF	S A CONSEQUE  RIBUTING TO C  IN FOR WHICH  MURY  MONTH DA	OPERATION  OPERATION  AY YEAR  19	E TETAL CIR NOT RELATED TO THE TERM	200 AUTOPSY? YES NO	ASPIRATE ONDITION G	TION PART 1  TES, WERE FINDI TIFYING CAUSE. YES	NGS USED S OF DEATH?
	gove rise to immediate couse 10), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DISTRIBUTING NOT WHILE AT WORK AT WORK 22a.] certify that (I) (this has sow the decased alive of the couse of the co	19b. CONDITIONS CONTINUED TO THE CONDITIONS CONTINUED TO THE CONTINUE OF INTERPRETATION OF THE CONTINUE OF THE	S A CONSEQUE  RIBUTING TO C  NO FOR WHICH  MJURY  MONTH DA  INJURY  FACTORY, OFFICE, F.	OPERATION  AY YEAR  19  ARM. ETC.)	PETAL CIR NOT RELATED TO THE TERM N WAS PERFORMED  21c. HOW INJURY OCCUR	200 AUTOPSY? YES NO RED (ENIER NATURE O	20b. IF Y IN CER'	TOTH PRE  TOTH PART 1  TES, WERE FINDI  TIFYING CAUSE  YES   B PART 1 OR PART 2)  COUNTY  19	NGS USED S OF DEATH? NO STAILE
	gove rise to immediate couse lot, stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF ETHER, NOTIFY MEDICAL EXAMINI 21d. INJURY OCCURRED  MANIE NOTIFY MEDICAL EXAMINI 21d. INJURY OCCURRED  AT WORK AT WORK  22a. I certify that (I) (this hasp	19b. CONDITIONS CONTINUED TO THE CONDITIONS CONTINUED TO THE CONTINUE OF INTERPRETATION OF THE CONTINUE OF THE	S A CONSEQUE  RIBUTING TO C  NO FOR WHICH  MJURY  MONTH DA  INJURY  FACTORY, OFFICE, F.	OPERATION  AY YEAR  19  ARM. ETC.)	PETAL CIR NOT RELATED TO THE TERM N WAS PERFORMED  21c. HOW INJURY OCCUR  21f. LOCATION STREET  19 d that in (my) (our) opinion DEGREE ATTENDING	ZUB AUTOPSY?  YES NO RED (ENTER NATURE O	20b. IF Y IN CER'	TOTH PART 1  TES, WERE FINDI TIFYING CAUSE YES  B PART 1 OR PART 2)  COUNTY  19  our and from the	NGS USED S OF DEATH? NO STATE that (I) (we) I couses stated
	gove rise to immediate couse   o1, stating the underlying couse   lost.  PART 2 OTHER SIGNIFICANT  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING   OR CONTRIBUTING   CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMIN)  21d. INJURY OCCURRED  WHILE   NOT WHILE   AT WORK   AT WORK   AT WORK   AT WORK   Sow the deceased olive o obove. (If (we) (did) (did)	19b. CONDITIONS CONTINUE OF INHOUR A.M. P.M. 21e PLACE OF (AT HOME, STREET, ortal) attended the dinative of the bady after the	S A CONSEQUE  RIBUTING TO C  NO FOR WHICH  MJURY  MONTH DA  INJURY  FACTORY, OFFICE, F.	OPERATION  AY YEAR  19  ARM. ETC.)	PETAL CIR NOT RELATED TO THE TERM N WAS PERFORMED  21c. HOW INJURY OCCUR  21f. LOCATION STREET  , 19  d that in (my) (our) opinion DEGREE  ATTENDING PHYSICIAN [ 22c. ADDRESS	200 AUTOPSY? YES NO CITY  TO deoth occurred and	20b. IF Y IN CER'	COUNTY  19  220 DATE  220 DATE  COUNTY	NGS USED S OF DEATH? NO STATE
WEDICAL MEDICAL	gove rise to immediate couse 10), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINICATION)  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  22a. I certify that (I) (this hasp sow the deceased alive on obove, (I) (we) (did) (did in 22b. SIGNATURE)	19b. CONDITIONS CONTINUE OF INHOUR A.M. P.M. 21e. PLACE OF (AT HOME, STREET, out all) attended the dinary view the bady after	S A CONSEQUE  RIBUTING TO CONFOR WHICH  AJURY  MONTH DA  INJURY  FACTORY, OFFICE, F.  eccosed from	OPERATION  AY YEAR  19  ARM. ETC.)	PETAL CIR NOT RELATED TO THE TERM N WAS PERFORMED  21c. HOW IN JURY OCCUR  21f. LOCATION STREET  19 ad that in (my) (our) opinion DEGREE  ATTENDING PHYSICIAN  22c. ADDRESS  EMETERX OR CREMATORY R COME HELY	20a AUTOPSY? YES NO RED (ENTER NATURE OF DIRECTOR PH	20b. IF Y IN CER TO STAFF IN S	COUNTY  COUNTY	MGS USED S OF DEATH? NO  STATE  that (I) (we) e couses stated E SIGNED  4,199

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2/10 T 2-2889 1 3 4 9 1 34 2 2 The second state of the self-time of the maybe that the the state of the s

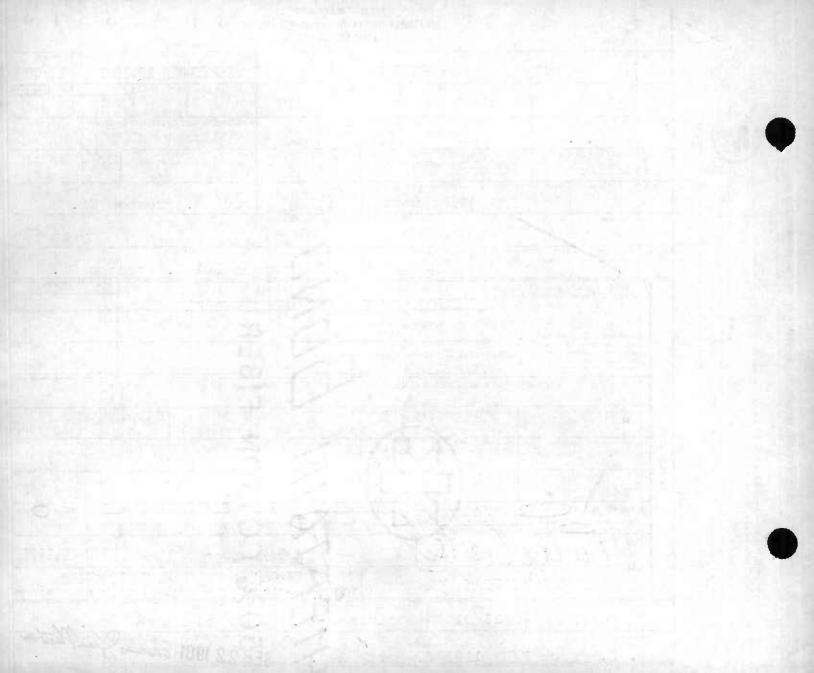


Terrore V New Branch Committee of E. Committee of E.

510		FOR		ST. DEPARTMENT OI	HEALTH	AARYLAND AND MENTAL H	YGIENE : 2 3	3   2		
70		REGISTRAR	ME	DICAL EXAMI	NER'S	ERTIFICATE O	F DEATH REG. NO.			
		CEASED NAME FIRST		MIDGLE		LAST	20. DATE KNOWN A MON	H DAY YEAR 26 HOUR		
ES.S. ET,		Stev	e a	lan	F	Pete		9 8 1981 M		
E STE STE	3. SEX	4 RACE	S. DATE OF BIRTH		EARS IF UN			H DAY YEAR 24 HOUR		
ON S	Ma	ale White	Oct.25			DAYS HOURS	MIN. PRONOUNCED DEAD	9 8 1981 11:15		
HEESSARY, PLEASE DIRECTOR. FOR YOUR FILES. WITHIN 72 HOURS	To. BII	RTHPLACE (STATE OR REIGN COUNTRY)	76. CITIZEN OF WI	b. CITIZEN OF WHAT COUNTRY?  8. MARRIED T NEVER MARRIED 7. BALTIMORE CITY OR CO						
SEAR SEAR SE		aryland	U.S		WIDOW	ED DIVORCE		MD.		
\$ 18 5 O	10. C1	Y OR TOWN OF DEATH		PITAL, NURSING HOA		120. USUAL OCCUPATION (TYPE OF WOR	OR INDUSTRY			
Ser Pole		altimore	Unive	rsity Hosp	ital		Electronics wo			
RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 D BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELA PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN PA AS A BURIAL - RAID FREMIT. PAGES 1 AND 2 SHOULD BEI CREMATION, OR REMOVAL.	13a ST	ATE MO.	or other institution, gi Tr Dor.	VERESIDENCE BEFORE ADMIS 13. CITY OR TOWN LINKWOO		13d. INSIDE CITY LIMITS? YES NO	13. SPREET APPRESS Neck R			
MD. H. H.	14. FA	THER'S NAME	AMPRIE	1467		15. MOTHER'S MAIDE	N NAME			
DEATH. DEATH. M PM AND 2 CENT	)	Roland	MIDDLE	Pete		Betty	Lee	Bradford		
S S S S S S S S S S S S S S S S S S S	láa. W	AS DECEASED EVER IN U.S. AR	MED FORCES?	166. SOCIAL SECUR	TY NO.	17. INFORMANT	ADDRESS			
BALTIMORE, S AFTER DEA' GIVE PAGES ITH FORM P. PAGES I ANI IVISION OF		YES (IF YES, GIVE	979	214-70-	5282	Angelin	a G.Pete Linkwo	od Md.		
URS 8. G		18. CAUSE OF DEATH (Enter on	nly ane cause per line					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
N ST HOU BNG ERMI ENE,		PART I DEATH WAS CAUSE	D BY: TE CAUSE (a)	Traumatic	iniur	ies with co	mplications	BETWEEN ONSET AND BEATH		
PRESTON THIN 24 H CIL IN ITEM VER ALON ANSIT PER AL HYGIEN REMOVAL	-	8130	DUE TO, OR	AS A CONSEQUENCE	OF					
REAL PROPERTY OF THE PROPERTY	-	Canditians, if any, which gave rise to immediate								
ON THE PER W		cause (a) stating the under- lying cause last.	DUE TO, OR	AS A CONSEQUENCE	OF					
EXECUTED NG" IN PRICAL EXAM			(c)		100					
RECORDS.  LD BE EXECTED STATES AND AS A BUTH	-	PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TE	MINAL DISEAS	OR CONDITION GIVEN IN PAR	RT 1 a			
MED BE AS	CERTIFICATION	IN DATE OF COURT AND								
VITAL RE SHOULD ORD "PE CHIEF A E USED A LURIAL, C	CA	19a. DATE OF OPERATION	196 CONDIT	TION FOR WHICH OPE	ration w	AS PERFORMED?		20 AUTOPSY?		
WOR OF STATE	RTIE	210 EXTERNAL CAUSE WAS	11h That or	IN LILIDY				YES NO 🖹		
DIVISION OF VITAL S CERTIFICATE SHOU RITING THE WORD RDED TO THE CHIEF RS 3 SHOULD BE USE E DEPARTMENT OF H		UNDERLYING & OR	11b. TIME OF	MONTH DAY YEAR	R ZIC HO		D JENTER NATURE OF INJURY IN ITEM 18 PART 1 OF			
STIFF TO	3	CONTRIBUTING CAUSE OF	DEATH 1:59M	. 8 29 <sub>19</sub> DEINJURY (ATHOME,		river in mo	otorcycle/fixed ob	ject impact		
OIVISI CERTING SDED SDED SPEL 3 SH E OFFN	ME	WHILE DOT WHILE AT WORK	STREET, FACT	ORY, FARM, ETC.)	5	TREET	CITY OR TOWN DON	chester Co, MD.		
DIVISION OF VITAL RECORE EXAMINER: THIS CERTIFICATE SHOULD BE ED CERTIFICATE, WRITING THE WORD "PENDIN ULD BE FORWARDED TO THE CHIEF MEDIC DIRECTOR: PAGE 3 SHOULD BE USED AS A WITH THE STATE DEPARTMENT OF HEALTH, WARNIAND, 21201 PRIOR TO BURIAL, CREM		AT WORK AT WORK	roa	<u>d</u>	Lin			,Cambridge,		
NO STE		22a I certify that I tagh charg	ge at the remains des	cribed abave, held an	Autop	sy , Inspection	1 , Inquiry , and in my	apinian		
WE FIRST TO THE STATE OF THE ST	330	death resulted from: Natu	ral causes .	Accident S	vicide 🔲	, Hamicide .	Undetermined manner .			
EXAL CERT DUID 6 UID 14, WIT MARRY		ACTUAL V	. 1	8 4		TITLE (SPECIFY)				
¥ ₩ ₹ ₹ ₹ ₩ · · ·		SIGNATURE	July 1	1 min	M	Deputy Chi	efectical examiner SIG	E 9/9/81		
WORK STEEL		EXAMINER'S NAME TE	D C	mi+h M D		111.0	Donn St Bolto N	44		
TO MEDICAL E EXECUTE THE O EXECUTE THE O FORMERAL D AFTER DEATH, N BALTIMORE, M		WITE ORTRINITY		mith, M.D.		ADDRESS	Penn St. Balto, N	/IU •		
<b>EDSTED</b>	23a.BC	RIAL, CREMATION, REMOVAL	236. DATE	23c. NAME OF C	METERYO	RCREMATORY	23d. LOCATION	OUNTY STATE		
BP		Burial	Sept. 11	TAST Dor	ches	ter Mem.P	ark, Cambridge, D	or.,Md.		
DHMH - 17	24 FL	NERAL DIRECTOR	ADDRESS				REC'D, BY REGISTRAR 256. REGISTRAR	SSIGNATURE		
(VR A15 ME (5) ) 15M 2/80		Thomas Funer	ral Home	,Cambrid	ge, Mc	SEP	181981 Frances	an kethen		

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STATE OF MARYLAND



1.	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYD CERTIFICATE OF DEATH	GIENE 8 1 2 3 5	14
	CEASED NAME FIRST THOM	AS F.	PETZA, SR.	20, DATE OF DEATH MONTH DAY YEAR 9 12 81	26 HOUR
3. SE	male	4. RACE	S. DATE OF BIRTH April 1, 1913	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYPE AMONTHS DATE OF THE PROPERTY OF	R IF UNDER 24 HRS HOURS MIN.
S M	IRTHPLACE (STATE OR FOREIGN COUNTRY)	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore City,	WE
2 B	altimore	Sinaii Hos	pital	120 USUAL OCCUPATION (1) YEE OF WORK FOR MOST OF WORKING LIFE)  Tile Mechanic  Ti.	of Business or Le
Ma	ryland Bal	r Other institution give residence before NTY 13c CITY OR TOVE 1312	RE ADMISSION) 13d INSIDE CITY LIMITS? YES \( \text{NO} \) NO \( \text{NO} \)	8588 Quentin Avent	ue
14. F/	Joseph	MIDDLE Petz:	a Marianna		AST
2 160. \	WAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATEST		abbs 2912 Bayonne A	ve.2121
NO	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUENCE (b) PULL CALL  DUE TO, OR AS A CONSEQUENCE (c) CONDITIONS CONTRIBUTING TO	onany embolis	MINAL DISEASE OR CONDITION GIVEN IN PART 1	MED FATE
AL CERTIFICATION	190. DATE OF OPERATION 8/28/81 9/8/8 210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	21b. TIME OF INJULY HOUR A.M. MONTH C	DAY YEAR	200 AUTOPSY? 200. IF YES, WERE FIND IN CERTIFYING CAUSE YES	S OF DEATH?
MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE  THE INJURY OCCURRED  WHILE ALL WORLD  ALL	R) P.M.  ZIE PLACE OF INJURY (AT HOME, STREET, FACTORS, OFFICE,	211 LOCATION SIREET	CITY OR TOWN COUNTY	STATE
	22s I certify that (I) (Its hosp law the decreases give or	at view the Body after death.	DEGREE ATTENDING	MEDICAL _ STAFF	that (1) we) for e causes stated E SIGNED
	22d. PHYSICIAN'S NAME (TYPE)  SURIAL, CREMATION, REMOVAL	K. REED	PHYSICIAN PHYSIC	HOSPITAL.	112/8
24 F	"Burial UNERAL DIRECTOR	Sept. 15, '81	Holy Rosary	Baltimore, Maryla	

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28	FOR STATE REGISTRAR				STA MENT OF I		AND ME	ENTAL H	4	H	REG. NO	2 3	5 1	รั
Nau2=	1. DECEASED NA (TYPE OR PRINT)	-	nklin	WIDDLE	-220111			SR.		OF ESTI- MONTH DAY YEAR 26 H				
PEAG PRETOR VIR FILES NV STREET	George 3. SEX male	1 RACE Black	5. DATE OF BIRTH	/ YEAR	6. AGE (IN YE.	ARS IF UND		IF UNDER 2	24 HRS. 2c	DATE RONOUNC DEAD		9 2	2] 19 8 2] 19 8	10000
1	To BIRTHPLACE FOREIGN COUNTS		76. CITIZEN OF W	HAT COUN		8. MARRIE WIDOWE	V. 1	VER MARRIE DIVORCE	ED 📙		-		Y OF DEATH	
PAGE PAGE SE FIED	10. CITY OR TOW	imore	11. NAME OF HOS	dent b	reet address)	1	R INSTITUT	TION	FORMO	LOCCUPA ST OF WORKIN	ATION (TYP		Surc	BUSINESS
ANN TANY TANY RETAIN PHOULD PHOULD	130 STATE	E (IF IN NURSING HOME	OR OTHER INSTITUTION, G NTY	13c. CU	OR TOWN		13d. INSIDE CI	ITY LIMITS?	13e STREE	T ADDRESS	V.B	ento	be:	st
DEE. MD.	IL FATHER'S NA/ FIRST Aquil	la	MODLE	P	hilli	ps	IS. MOTHE	R'S MAIDEN	N NAME	MIDI	DIE F	RAN	Klist	
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DIVI DIVI THIS CE FORWARDE DR. PAGE 3 HE STATE DE ND, 21201 P	AT WORK	NOT WHILE AT WORK	STREET, FAC	et -1	ront o	of 150	D3 N.	Bent1	lou S	treet	Balt	imore		STATE
TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE, WR PAGE 4 SHOULD BE FORWAR TO FUNERAL DIRECTOR; PAGA AFTER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 2120	7.6	Ited fram: No.	g if the remains de	Accident		Autopsy	Homic TITLE (SI	Inspection  ide XX  PECIFY)  istant	Undeterr	Inquiry L mined mon	ner ,	DATE SIGNE	9/2	22/81
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STATE OF MARYLAND

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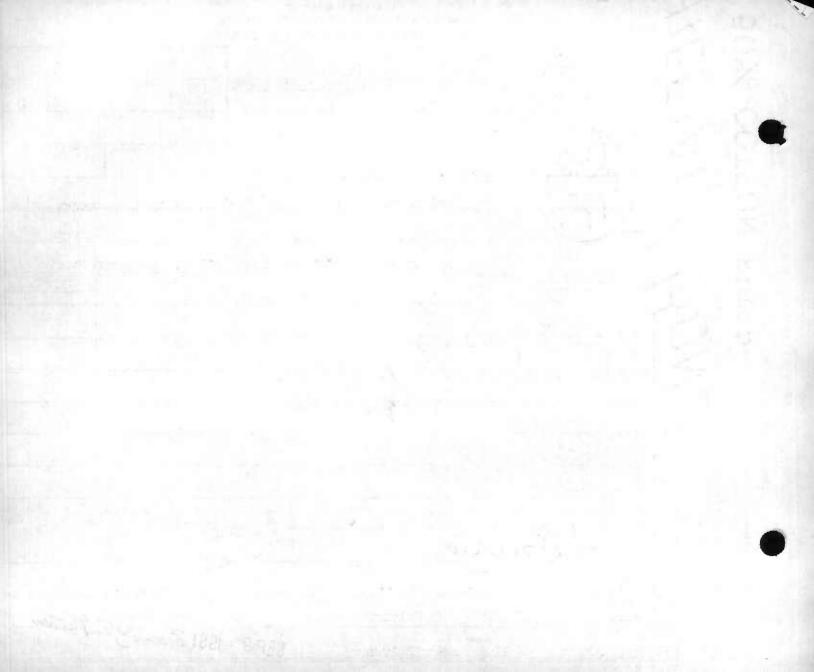
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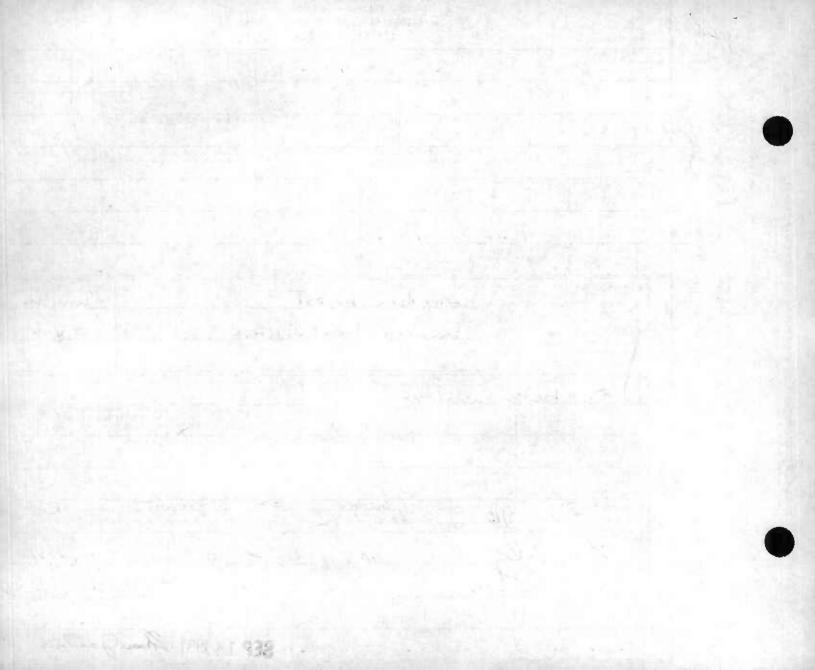
STATE OF MARYLAND

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5	STATE REGISTRAR			DICAL EXAMI				40.0	RFG.	REG. NO.					
	CEASED NAME	FIRST		MIDDLE		LAST		20. DATE	KNOWN ESTI-		1 DAY	YEAR	26 HOUR		
		Jessie			Pitt			DEAT	H MATED	₽ 9	5 19	81	M		
3. SE	male 4	black	S. DATE OF BIRTH	year 6. AGE (IN LAST BIRT) 1927 54	111.00		IF UNDER 24 H	IRS. 2c. DA1 PRONOL DEA	JNCED	MONTH 9	5 <sub>19</sub>	01	1:40		
	IRTHPLACE (STATE	OR	76. CITIZEN OF WH		10	IED X NEV	ER MARRIED	9. BALTI	MORE CITY	OR COUN	NTY OF DEA	ATH	PIII		
9	N. C.		USA			VED 🗆	DIVORCED		Ralt	imore	City		MD.		
1D. C	ITY OR TOWN OF	DEATH	11. NAME OF HOSE	PITAL, NURSING HO	ME, OR OTI	HER INSTITUT		USUAL OCC	UPATION (	TYPE OF WORK	12b. KIND	OF BUS	INESS		
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30. 3	AL RESIDENCE (IF)	136 COUN	IR OTHER INSTITUTION, GIV TY	E RESIDENCE BEFORE ADMI- 13c. CITY OR TOWN Baltimore	SSION)	13d. INSIDE CI	TY LIMITS?   13e	STREET ADD		zette	Avenu	^			
14. F.	ATHER'S NAME		MIDDLE	LAST			R'S MAIDEN N.		MIDDLE	elle	LAS				
(P)	larry	L	æ	Pittman		Ida			IDDGE		Pittm				
160.	WAS DECEASED E	VER IN U.S. ARA	MED FORCES?	166. SOCIAL SECUR	RITY NO.	17. INFORM			ADDRE						
	No		-	242-42-21	.27	Ruby	Pittmar	2427	E. La	fayet	te Ave	enue			
CERTIFICATION	couse (o) sto lying couse	ICAN1 CONDITIONS	(c)CONTRIBUTING TO DEATH B	AS A CONSEQUENC	RMINAL OISEA:			1).							
FIGA	190. DATE OF OR	EKATION	196. CONDIII	ION FOR WHICH OP	ERATION	/AS PERFOR/	MED?				20 AUT	OPSY?	NO [¥		
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1		WORK						1					U		
	220 I certify to death resulted in ACTUAL SIGNATURE		[]	ribed above, held an Accident ,	Autop SuicideA	Homici	PECIFY)	d, Inquir	manner	ond in my o ], DATE SIGN		9/8	1		
	EXAMINER'S NA (TYPE OR PRINT)			Guard,MD.		.ADDRESS		nn Str		alto.,	MD 21	201			
	Burial, CREMATIO		36. DATE 9/10/81	Mt Calva		metery	7	LOCATION CITY OR TOWN Anne A	Arunde	10	CO M	STA	E		
24. F	UNERAL DIRECTO	R	ADDRESS			2	DATE REC'D	BY REGISTS	PAR DE RE	GIST	Samuel 1888	340			
Wi	lliam C	March E	/H 1101 F	North As	renite		SFP 9	1201	41.0	0					



STATE OF MARYLAND



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1	1	FOR 10/2/81 rt STATE DEGISTRAR	9	DEPARTM		EALTH AND MENICATE OF DEA			. NO.	3 3	20		
e wt		CEASED NAME FIRST		DDLE		AST TACANT		20. DATE OF DEATH			2b HOUR		
moy be poge 3 ter death	2.65	BENNIE				EASANT		1 105 / 100	09-17-8	JNDER I YEAR	8:00pm	M	
Poge 4 m director, F		MALE	4. RACE BLACK		5. DATE C	28	22	6 AGE IN YEARS LAS	YRS.	THS DATS	HOURS MIN.	-	
deoth. Po	7	IRTHPLACE (STATE OR FOREIGN COUNTRY) IRGINIA	76 CITIZEN OF W	HAT COUNTRY?	MARRIE WIDOWE	NEVER MAR	RIED -	9. BALTIMORE CIT		DEATH	M		
s offer d by the fur iled	,J0. C	ITY OR TOWN OF DEATH	11. NAME OF HO	OSPITAL, NURSING FACILITY, GIVE STREET A I HOME &	G HOME C	R OTHER INSTITU		12a USUAL OCCUP	UPATION 12b. KIND OF BUSINESS C				
filled in nauld be f	. USU 13a. :	AL RESIDENCE (IF NURSING HOME O STATE 13b COU ARYLAND	ROTHER INSTITUTION, G	IVE RESIDENCE BEFORE  3c. CITY OR TOWN  BALTIMOR	ADMISSION)	13d INSIDE CITY	LIMITS?	13. STREET ADDRE	ranklin S	St. Ba	lto. 21	12	
mpletely and 2 st	14 F/	ATHER'S NAME FIRST MARSHALL	WIDDLE	PLEAS	ANT	15. MOTHER'S MA	T =	WIDDE	COL	EMAN <sup>LAST</sup>			
d co es 1		WAS DECEASED EVER IN U.S. AL	RMED FORCES?	66 SOCIAL SECUI	RITY NO.	17 INFORMANT	XI.E.	AD	DRESS			_	
BALLIMOKE, cote be execu opers. Pages I vol.		YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	725-16-	1535	MRS. PO	ORTEA	RICH	MOND, VI		AATE INTERVAL		
DS, 201 W. PREST quires that the dea signed by the othe hen please remave to burial, cremotion jury, or other froun	NO	Conditions, if ony, which gove rise to immediate couse (o), stoffing the underlying couse fost.  DUE TO, OR AS A CONSEQUENCE OF (b) CACHEXIA  DUE TO, OR AS A CONSEQUENCE OF CARCINOMA OF MOUTH  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE										=	
NI RECOR	CAL CERTIFICATION	19a DATE OF OPERATION	19b. CONDITI	ON FOR WHICH	OPERATION WAS PERFORMED		ED	200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES	IG CAUSES	GS USED OF DEATH?		
DIVISION OF VITAL RECORDS,  NG PHYSICIAN: The low requirentending physician.  After this certificate has been signs the buriol-transit permit. Then the and Mental Hygiene prior to be rich and Mental Hygiene prior to be rich and Mental By shows any injury orked or Item 18 shows any injury.		21a. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DE	HOUR A.M.	. MONTH DA	Y YEAR		Y OCCURR	ED (ENTER NATURE OF	NJURY IN ITEM 18 PART	1 OR PART 2)			
DIVISION DING PHY or offer this e os the bu olth and M marked or	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OI	T, FACTORY, OFFICE, FA		21f. LOCATION STREET		CITY O	RIOWN	COUNTY	STATE		
NDIR NDIR R: A Use o		220.1 certify that (I) (this hosp			99 <b>-</b> 17		9_81_				hot (I) (we) los	st	
ATTE sprite CTO 3 for n 21		sow the deceosed olive or obove, (I) (we) (did) (did no	09 The Body of	ter death.	, 01		r) opinion o	leoth occurred on th	e date and hour or				
Y the hor y the hor All DIRE detocher tote Dep		22b. SIGNATURE	asp	ně		DEGREE ATTE	NDING SICIAN [	MEDICAL S DIRECTOR PHY	TAFF SICIAN D		18/		
HOSPI ined b FUNE old be ORTAN		DR.M. L. BIG		D.				H HOSPITA WAY BALTII			21231		
2 6 6 8 5 8	230. 1	BURIAL, CREMATION, REMOVAL		23c. N		EMETERY OR CREA		23d. LOCATION CITY OF TOWN		OUNTY	STATE	=	
101	$\overline{}$	UNERAL DIRECTOR		1 20	2,	June, Li	25a. DATE	REC'D. BY REGISTR	AR 25b. REGISTRAF	S SIGNATO	in Then	-	

316/2 825

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 20 DATE OF DEATH MONTH YEAR 2h HOUR PLITKO 17, 1981 September 6. AGE LIN YEARS LAST BIRTHDAY) IF UNDER LYEAR 9 BALTIMORE CITY OR COUNTY OF DEATH Baltimore Citu. 12h KIND OF BUSINESS OR LTYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Auto Mechanic 13e. STREET ADDRESS 3180 Shiloh Ct. MIDDLE LAST UNKNOWN ADDRESS Mrs. Olga Plitko Same as 13 e APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH A. S. Gendinuosa lier PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1.0 20n AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [ NO [ 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY STATE and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED ATTENDING MEDICAL STAFF 1101 Maiden Choice Lane 13d LOCATION Baltimore, Maryland

DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR NAME

- STATE

(TYPE OR PRINT)

REGISTRAR

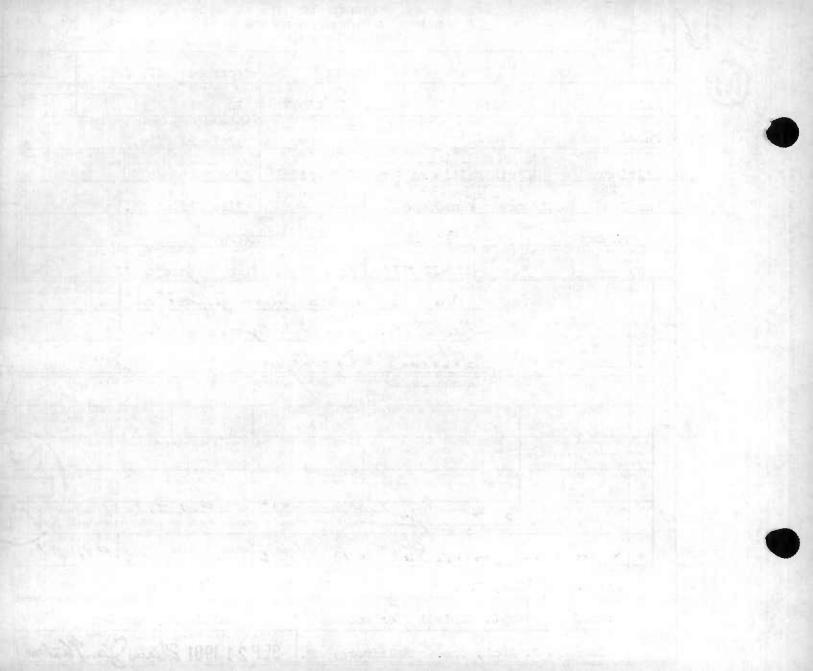
DECEASED NAME

Leonard J. Ruck, Inc. Baltimore, Md.

Sept. 21,1981

Parkwood

250 DATE REC'D. BY REGISTRAR 256 REGISTR



1	11-	FOR 9/15/81 GA	W	DEPARTMENT OF H	EALTH		9 1 .	2 3 5	2 2
A		REGISTRAR CEASED NAME FIRST	ME	MIDDLE	R'S C	LAST LAST	20. DATE KNOWN		YEAR 26 HOUR
2000	(14	PE OR PRINT)  DAVI	D	М.	P	LITT Sr.	OF ESTI- DEATH MATED	9-14-81	P M
PAR PER PER PER PER PER PER PER PER PER PE	3. SE		April 16	YEAR LAST BIRTHDAY	) MONTI		R 24 HRS. 26. DATE  MIN: PRONOUNCED  DEAD	9-14-81	YEAR 24 HOUR 4:17
OMB:	16. B	male white IRTHPLACE (STATE OR SEIGN COUNTRY) Itimore, Marylan	Th CITIZEN OF W	, , , , , , , , , , , , , , , , , , , ,		ED NEVER MARI	RIED U	Y OR COUNTY OF DE	
PELAY I	B.	altimore	104 Cla	SPITAL, NURSING HOME, ACILITY, GIVE STREET ADDRESS)  y Street		ER INSTITUTION	120. USUAL OCCUPATION ( FOR MOST OF WORKING LIFE)  Retired	TYPE OF WORK 12b. KINE	D OF BUSINESS INDUSTRY
Z1201 AND 3 RECOR	Ma	AL RESIDENCE (IF IN NURSING HOME OF TATE TYLAND		13c. CITY OF TOWN Baltimore	N)	13d. INSIDE CITY LIMITS? YES AO	13. STREET ADDRESS		
14.65	/	ather's name te Albert H Pli	tt Sr.	LAST		is. MOTHER'S MAID	MIDDLE	Plitt	AST
LUSS AFTER DEATH IN URS AFTER DEATH DEATH DEATH IN URS AFTER DEATH IN URS AFTER DEATH DEATH DEATH DEATH DEAT		NAS DECEASED EVER IN U.S. ARM ES, NO, OR UNKNOWN) (IF YES, GIVE W		217 07 2423		Albert H	Plitt Jr 2796	ESS	ve 21043
TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR EXECUTE THE CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR EXECUTE THE CRETIFICATE, WRITING THE WORD "FENDING" IN PERCIL IN TITM 18 PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALDING WITH PLAND TO FUNCE AS A BURIAL. RANSIT REPAIR AFTER DEATH, WITH THE STATE DEPARTMENT OF HAALTH AND MENTAL HYGEHE DISTANCE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL		18. CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED IMMEDIATE Conditions, if any, which gave rise to immediate cause (a) stating the underlying cause last.	BY: E CAUSE (α)	e far (a), (b), and (c).)  Alcoholism  R AS A CONSEQUENCE O					PROXIMATE INTERVAL EEN ONSET AND DEATH
ECORDS,  BE EXECTION OF THE CORDS,  REDING THE AS A BUTH AND CREMATIC	NOI	PART 2 DTHER SIGNIFICANT CONDITIONS CO		BUT NOT RELATED TO THE TERMIN	IAL DISEASI	OR CONDITION GIVEN IN P	ART 1 (o).		
HTAL RISHOULD SHOULD SHOULD SHEF / FE USED FOF HE USED LURIAL, OF HE URIAL,	CERTIFICATION	190. DATE OF OPERATION	196 COND	ITION FOR WHICH OPERA	TION W	AS PERFORMED?			JTOPSY?
ON OF V	CALCER	210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	EATH P.A	A. MONTH DAY YEAR A. 19	21c. HC	OW INJURY OCCURR	ED LENTER NATURE OF INJURY IN ITEM	18 PART 1 OR PART 2)	
DIVISION WRITING WARDED AGE 3 SP	MEDICAL	WHILE NOT WHILE AT WORK	21e PLACE STREET, FAC	OF INJURY (AT HOME, TORY, FARM, ETC.)		CATION	CITY OR TOWN	COUNTY	STATE
AL EXAMINER: 1 HECERIFICATE, HECERIFICATE, AL DIRECTOR: R. P. M. AL DIRECTOR: T. M. M. THE SI SE, MARYLAND, S. E. MARYLAND, S.		220. I certify that I taak charge death resulted from Natura	af the remains de	scribed abave, held an Accident , Suic	Autap	Hamicide TITLE (SPECIFY) ASSISTAN	Undetermined manner	and in my apinian  ],  DATE 9- SIGNED	14-81
MEDIC ECUTE OF USE OFUNE ALTIMOS	2	EXAMINER'S NAME Man	garita A	. Korell,M.I		ADDRESS	1 Penn Street		
040/ BP	But 24 F	UNERAL DIRECTOR	ept 16, :		Par	k 75e. DATE	23d LOCATION CHY OR TOWN Baltimore REC'D. BY REGISTRAR 2	COUNTY GISTRANS SIGNATU	STATE
(VR A15 ME (5)) 15M 2/80	H	arry H Witzke 41	TS COTUM	DIA KO ELLIC	ott	CITY S	EP 15 1981 GA	0	

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		CEASED NAME FIRST	MIDDLE	-	AST			NONTH	DAY YEAR	26. HOUR
	(TIPE)	GENEVIEV	JE E.	F	LUM			9	1681	7 4AM
7	3. SEX		I. RACE	5. DATE C			AGE (IN YEARS LAST BIRTH	IDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
B	I	FEMALE	WHITE	03	22	VEAR 08	73	YRS.	MONTHS DAYS	HOURS MIN.
		RTHPLACE (STATE OR FOREIGN 7	CITIZEN OF WHAT COL	INTRY? 8.	D NEVER MA	DDIED 7	BALTIMORE CITY OR	COUNT	Y OF DEATH	
		MARYLAND	U.S.A.	WIDOWE	_	RCED	BALTIMORE	CITY	Y	MD.
-	10 CI	TY OR TOWN OF DEATH	AME OF HOSPITAL,		OR OTHER INSTITU		120 USUAL OCCUPATIO			F BUSINESS OR
1	I	BALTIMORE		NES HOSPI	TAL		WAITRES		CATE	RING
1	MSUA 13a S	AL RESIDENCE (IF NURSING I ME OR OT TATE			113d. INSIDE CITY	HANTS?	3e. STREET ADDRESS			
7		MARYLAND BALTI		SDOWNE		○ <b>x</b>	1905 VICTO	DRY I	DRIVE, 2	1227
	14. FA	THER'S NAME	NDDLE L	AST	15. MOTHER'S M		E MIDDLE		LAS	
(	)			AY		FARET	MIDDLE		WATER	
		(IF YES, GIVE	MED FORCES? 16b. SOCIA	AL SECURITY NO.	17 INFORMANT		ADDRES	S		
2	- 17	NO		34-2075	EUGENE	D. PLU	M 5105 SH	ELBOU	JRNE ROA	D,21227
7	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT CO.	DUE TO, OR AS A COM  (b)  DUE TO, OR AS A COM (c)	NSEQUENCE OF	arky NOT RELAPED TO	OTHE TERMIN	HENOSOLE NAL DISEASE OR COND 200 AUTOPSY?	ITION GI		IGS USED
	RTIF				1		YES NO		ES 🗌	NO 🗆
7	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	TH DAY YEAR			D (ENTER NATURE OF INJURY	IN ITEM 18	PART 1 OR PART 2)	
	MED	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE FARM, ETC )	21f LOCATION STREET		CITY OR TOW	2	COUNTY	STATE
		22a.1 certify that A (this hospital sow the deceased alive on above, (1) (we) (did) (did not)	9/15/	19 8/ 01	nd that in (a) (or	ur) opinion de	eoth occurred on the dot	e and ho		that (we) lost couses stated
		226. SIGNATURE	Sin he		PH	ENDING YSICIAN []	MEDICAL STAFF		22c. DATE :	6/80
		22d PHYSICIAN'S NAME (TYPE OR	· SINH	A	ST.	the No	es Hosp	ITA	L 900 L+TMOR	CATON
		URIAL, CREMATION, REMOVAL	23b DATE	23c NAME OF C	EMETERY OR CRE	MATORY	23d LOCATION CITY OR TOWN		COUNTY	STATE
		BURIAL	09-19-81	MORELA	AND MEM.	PK.	HILLENDA	LE I	BALTIMOR	E MD.

DHMH-16 30M 2/80 (VRA 15, 4)

BP.

IMPORTANT: If Hem 21 is marked or Hem 18 shows any injury, ar other traumatic event, th

24 FUNERAL DIRECTOR

09-19-81

21229 WILKENS AVE 4107 NAME HUBBARD FUNERAL HOME INC.

PK. HILLENDALE

250 DATE REC'D. BY REGISTRAP 250. REGISTRAP'S SIGN.

CFP 18 1981 Zances Lan

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STATE OF MARYLAND

W Madrett Land Market Market W Mar Land Land Land Mrs. Greine Line 2330 1 Mid Melleren

2		FOR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL H	VICIENES 1 2	3 5 2 5
	1	- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
		DECEASED NAME ROMU	ALLAS MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
y be	\ L	FRULK	100		9/7	181 6:15a m
4 m	3.1	SEX	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
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oth.	17	outhing and	LEACITHONAN	MARRIED NEVER MARRIED WIDOWED DIVORCED		
he to with	10	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACULTY, GIVE STREE	NG HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	126 KIND OF BUSINESS OR
urs of	28	Baltimore Md.	Univ of Ma	yland	word. Painte	
AND 21 n 24 har filled in hauld be	35 13	Maryland 136. COU	ROTHER INSTITUTION GIVE RESIDENCE BEFO NTY 131. CITY OR TOV	VN 134 INSIDE CITY LIMITS?	130 STREET ADDRESS Call	roun st
rthi 2 s s		FATHER'S NAME	MIDDLE D MAST	15 MOTHER'S MAIDEN N	AAME MIDDLE	LAST
	20	WAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SEC	S GATIAN	VINA WOLCOLO	Visockis
be execut on and co	1 1		ve war or dates)	16-7211 ANTANAS	Podenys 403	s. Bentlew st.
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ox 0 5 5 5		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQU			
ot W. P		underlying cause lost	(c)			
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RECORDS  law requir  as been sig  ermit. There e prior to &	2 Z	190. DATE OF OPERATION	T.OF CO.	OPERATION WAS PERFORMED	20g AUTOPSY? 20b. IF Y	ES, WERE FINDINGS USED
- he he he	4					TIFYING CAUSES OF DEATH?
PF VITA IAN: TI physicic rificate I-transif al Hygi	1/1	OR CONTRIBUTION CONTRACTOR OF DE		AY YEAR 21c. HOW INJURY OCCU	JRRED (ENTER NATURE OF INJURY IN ITEM IS	PART I ORPART 2)
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NDIN Il or Il or Use o Health		220.1 certify that (I) (this hosp	ital) attended the dedeased fram	823/81 19	, to	, 19 8 , that (I) (we) last
ATTE ospito SCTO d for t. of t		above (I) (we) (did (did no	of view the body alter death.	ond that in (my) (aur) apinio	in death occurred on the date and he	
AL OR the hor the hor the hor detached by the Dep		27b. SIGNATURE	-Taub mv	DEGREE  ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE, SIGNED 9/7/8/
OSPITAL ed by t UNERAL d be der he State		22d. PHYSICIAN'S NAME TIME		22e ADDRESS	1 0 1	1 10
TO HOSPIT retained by TO FUNER should be with the St	-		er-Taub, my	univog	Maryland 1	lospilal,
/ C ( ) BP	236	BURIAL, CREMATION, REMOVAL	- 14	NAME OF CEMETERY OR CREMATOR	CITY OR TOWN	COUNTY STATE
190 2 DHMH - 16 50M 1/81	24	FUNERAL DIRECTOR		100 0	ATE REC'D. BY REGISTRA 256. REST	YRAR'S SEMATURE
(VRA 15, 4)	J	cha J. Conan	E SONE 901 H	ollins St. SEP	10 1981 Minu	

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FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

> 1981 :10 IF UNDER 1 YEAR

2h HOUR

BALTIMORE CITY OR COUNTY OF DEATH

Baltimore City 12h KIND OF BUSINESS OR

INDUSTRY

COUNTY

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

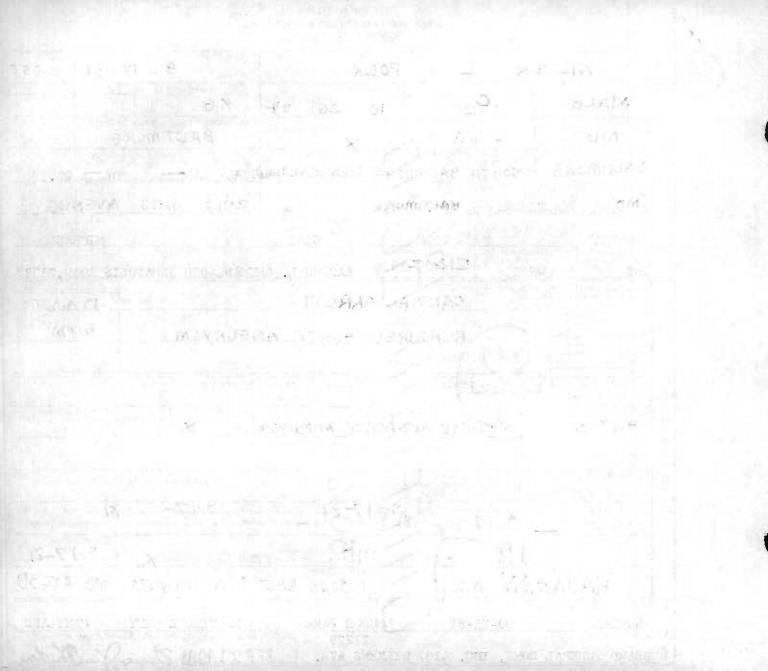
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DHMH-16 30M 2/80 (VRA 15, 4)

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STATE OF MARYLAND



MIDDLE

12n USUAL OCCUPATION 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Federal Hill Nursing Home Austin ADDRESS Anna Lee 1020 N. Wolfe Street APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH HOURS nstitutional colons, R.O. nechanical obstro PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [ 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY STATE and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22t. DATE SIGNED DIRECTOR PHYSICIAN HOSATAL Burial 9/28/81 Baltimore Cem. Baltimore SFP 23 24 FUNERAL DIRECTOR DHMH - 16 50M 1/B1 1101 E. North Ave. (VRA 15, 4) C. March F/H

STATE OF MARYLAND

CERTIFICATE OF DEATH

LAST

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG NO

MONTH

DAY

22

YEAR

8

IF UNDER I YEAR

2b. HOUR

0:58

IF UNDER 24 HRS

20 DATE OF DEATH

FOR

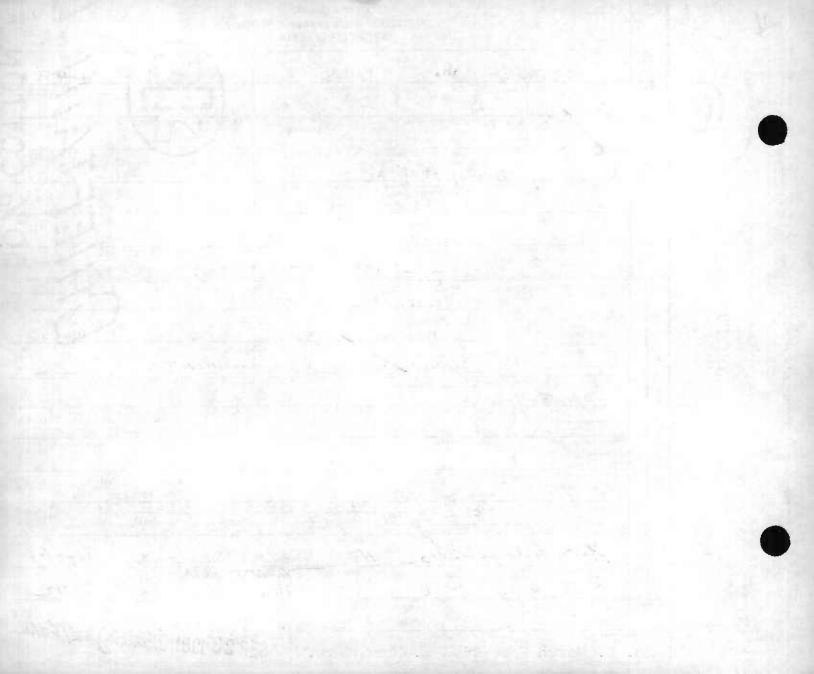
REGISTRAR

FIRST

DECEASED NAME

- STATE

CTYPE OR PRINTS



STATE OF MARYLAND

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C. C. C. A. S. Co., 517 11ch St., Sd., Cab., . C. C. L. (1904) 2 (1995)

3	FOR		OF MARYLAND ALTH AND MENTAL HYGIENE	2 3 5 3 0
	- STATE REGISTRAR		'S CERTIFICATE OF DEATH	G. NO.
	1. DECEASED NAME FIRST	MIDDLE	LAST 20. DATE KNOW OF ESTI	NXX MONTH DAY YEAR 26. HOUR
ASE JRS JRS		Dawn	Poole DEATH MATE	D □ 9 281981 M
子のまる。	3. SEX 4. RACE	MONTH DAY YEAR LAST BIRTHDAY)	IF UNDER 1 YR. IF UNDER 24 HRS. 21. DATE MONTHS DAYS HOURS MIN: PRONOUNCED	MONTH DAY YEAR 24 HOUR
L DIR	female white	3 6 1965 16 YRS.	DEAD	9 28 1981 12:45
SEE	POREIGN COUNTRY)	75. CITIZEN OF WHAT COUNTRY?	MARRIED   NEVER MARRIED	ITY OR COUNTY OF DEATH
AND SON ON THE	10. CITY OR TOWN OF DEATH	U.S.A. W		nore City  MD.   H (TYPE OF WORK 1/26. KIND OF BUSINESS
ELAY IS TO THE PAGE BE FILEI	Baltimore	University Hospital	FOR MOST OF WORKING LIF	OR INDUSTRY
TTAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 HOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECESSARY, PLEASE RRD." PENDING". IN PENCIL IN 1878 18 GIVE PAGES 1, 2, AND 3 TO THE FUNERAL DIRECTOR. CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN PAGE 5 FOR THE FILES. USED AS A BURRAL. TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED, WITH THOURS OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS, 201 W. PESTIN STRET, LIBIAL, CREMATION, OR REMOVAL.	130. STATE HAPT	rother institution, give residence before Admission) TY 13c. CITY OR TOWN Belair:	134. INSIDE (ITY LIMITS? 13. STREET ADDRESS YES NO 1 350 Harlas	Square
MD.	14. FATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN NAME MIDDLE	LAST
A PA	Frank	POOLE	Adele	Wladkowski
PAGES I	160. WAS DECEASED EVER IN U.S. ARA (YES, NO, OR UNKNOWN) (IF YES, GIVE Y	MED FORCES? 16b. SOCIAL SECURITY NO	D. 17. INFORMANT ADD	RESS
BALTMORE, S. AFTER DEAT GIVE PAGES ITH FORM P. PAGES I ANI MISION OF L.	No	220-94-449	8 Frank Poole 6720 Qu	eensferry Rd.
ST., I FOUR MIT. ME, DI	18 CAUSE OF DEATH (Enter and PART I DEATH WAS CAUSED	ly ane cause per line far (a), (b), and (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ON SERVED		re CAUSE (a) MUILIPIE TIJUY	ies	
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UTED IN PE EXAM ON MEI	lying cause last.			
DIVISION OF VITAL RECORDS, RITING THE WORD "PENDING" RDED TO THE CHIEF MEDICAL IS 3 SHOULD BE USED AS A BUR E DERATIMENT OF HEALTH AND ON PRIOR TO BURIAL, CREMATING ON THE TOP TO T		(c)	DISEASE OR CONDITION GIVEN IN PART 1 (a).	
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N N N N N N N N N N N N N N N N N N N	UNDERLYING OR CONTRIBUTING CAUSE OF D	HOUR A.M. MONTH DAY YEAR		
ING	21d. INJURY OCCURRED	DEATH 10 18 MPM 9/25198 P	assenger in auto/auto col	1151011
TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULE EXECUTE THE CERTIFICATE WRITING THE WORD" PAGE 4 SHOULD BE FORWARDED TO THE CHIEF ITO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARKICAND, 21201 PRIOR TO BURIAL,	WHILE NOT WHILE AT WORK	xx street. FACTORY. FARM. ETC.) roadway	tate Routes 23 & 24,	HarfordCo., MD
NO STEELS	22a. I certify that I taak charge	^ _	Autapsy . Inspection XXX Inquiry .	and in my apinian
ME HE HE	death resulted fram: / Nethro	al causes , Accident XX Suicide	Hamicide Undetermined manner	
CER CER	ACTUAL ##	may	TITLE (SPECIFY)	DATE
SHORE, THE	SIGNATURE		M.D. AssistantMEDICAL EXAMINER	DATE SIGNED 9/29/81
MEDICAL ECUTE THE CGE 4 SHO FUNERAL ITTIMORE, I	EXAMINER'S NAME (TYPE OR PRINT)	Hormez R. Guard, M.D.	ADDRESS111 Penn Street,	Balto.,MD 21201
P P E E E	230. BURIAL, CREMATION, REMOVAL 23		CITY OR TOWN	COUNTY STATE
BP	Burjial 24 FUNERAL DIRECTOR	10/2/81   Holy Ros	ary Cem. Ba	ltimore Md.
DHMH-17	NAME	Son 2818 E. Balti	more st. Greed By Registrar	LANCE SIGNATURE
(VR A15 ME (5) ) 15M 2/80	B. Dabrowski &	son zolo E. Balti	more do.	- MI

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WALLESON ENDERS BIRGO TEST



FOR

REGISTRAR

BERTA

DECEASED NAME

- STATE

(TYPE OR PRINT)

2907 LINDEN LANE GRISSLY SAME AS #13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE and that is (my) (aur) apinion death accurred on the date and haur and from the causes stated 22c. DATE SIGNED BURIAL DAHLONEGA, GEORGIA 24 FUNERAL DIRECTOR PEARSON'S FUNERAL HOME DHMH - 16 50M 7/77 (VRA 15(4)) FALLS CHURCH, VA. 22046

STATE OF MARYLAND

CERTIFICATE OF DEATH

LAST

PRICE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 💍

REG. NO

2b. HOUR

12b. KIND OF BUSINESS OR

7:05PM

IE UNDER 24 HRS

1981

IF UNDER I YEAR

20 DATE OF DEATH MONTH

SEPTEMBER 4.

THE MAKES OF THE PARTY AND THE MEGO TO BOYS

DHMH-16 30M 2/80 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME 20. DATE OF DEATH MONTH 2b. HOUR TYPE OR PRINTI 1981 Frank September 21. Bourke Price Jr. 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS YEAR 1926 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore City NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR 12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Wire Dept. Steel Mfg. 17718 Pretty Boy Rd. Parkton 13d. INSIDE CITY LIMITS? 15. MOTHER'S MAIDEN NAME Price Irene Agnes ADDRESS 17. INFORMANT Boy Rd. Mrs. Magdalena M. Price, 17718 Pretty Bronchogenic Carcinoma with metastasis to the PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NOX 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 211 LOCATION CITY OR TOWN COUNTY STATE September , and that in (ny) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN [ c/o Maryland General Hospital 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Cockeysville, Maryland Dulanev Valley Cem. 250. DATE REC'D, BY REGISTRAR 256. REGISTRAR'S SIGNATURE Lowell Lemmon, 10 W. Padonia Rd.

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(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIEND

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 20. DATE OF DEATH MONTH 1. DECEASED NAME FIRST MIDDLE (TYPE OR PRINT) ETHAN PRIZEL SEPTEMBER 18. 1981 3 SEX 4 RACE 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHOAY) IF UNDER I YEAR SEPTEMBER9, 1981 WHITE MALE BALTIMORE CITY OR COUNTY OF DEATH To. BIRTHPLACE (STATE OR FOREIGN TA CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED MARYLAND BALTIMORE CITY WIDOWED DIVORCED F CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 17b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY JOHNS HOPKINS HOSPITAL BALTIMORE USUAL RESIDENCE (IF NUR WE OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 130 STATE OUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS NO F YES T BALTIMORE 2201 SHIGRAVE AVE MARYTAND BA LTO 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME FIRST MIDDLE LAST MIDDLE LAST KATE PRIZEL ILYA ROTHKO ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 17 INFORMANT HEYES GIVE WAR OR DATES! TYES NO OR UNKNOWN 2201 SULGRAVE AVE. KATE PRIZEL APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Ke track Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20n AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO 71a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) YEAR OR CONTRIBUTING CAUSE OF DEATH

HOUR A.M. MONTH DAY

P.M 21e. PLACE OF INJURY

19 (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

211 LOCATION STREET

CITY OR TOWN

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

COUNTY STATE

220.1 certify that (I) (this haspital) attended the deceased from

I SPECIEVY

FOR

(did not) view the body ofter death

77e. ADDRESS

DEGREE

ATTENDING MEDICAL DIRECTOR PHYSICIAN A

STAFF

23a. BURIAL, CREMATION, REMOVAL

23c NAME OF CEMETERY OR CREMATORY

CITY OR TOWN

COUNTY STATE

DHMH- 16 30M 2/80 (VRA 15, 4)

BP

8

MPORTANT:

should be

24 FUNERAL DIRECTOR NAME

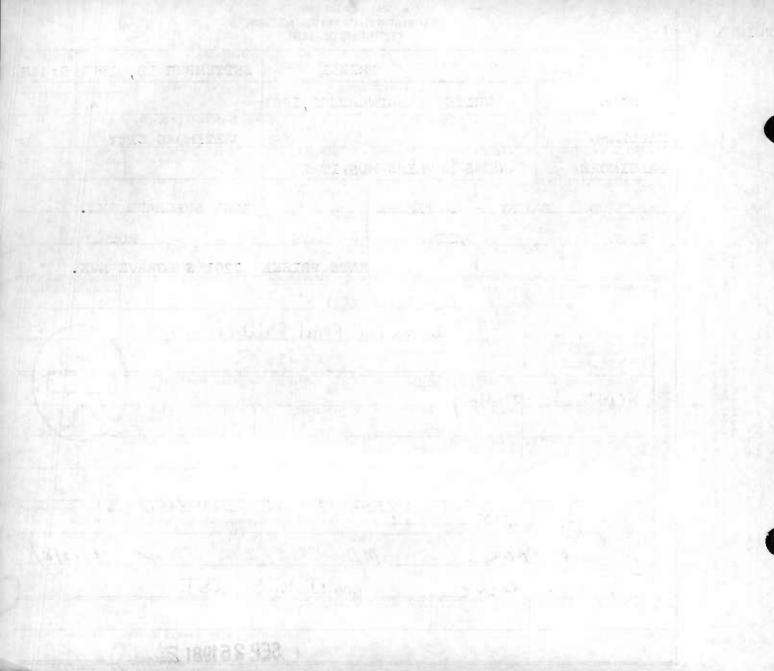
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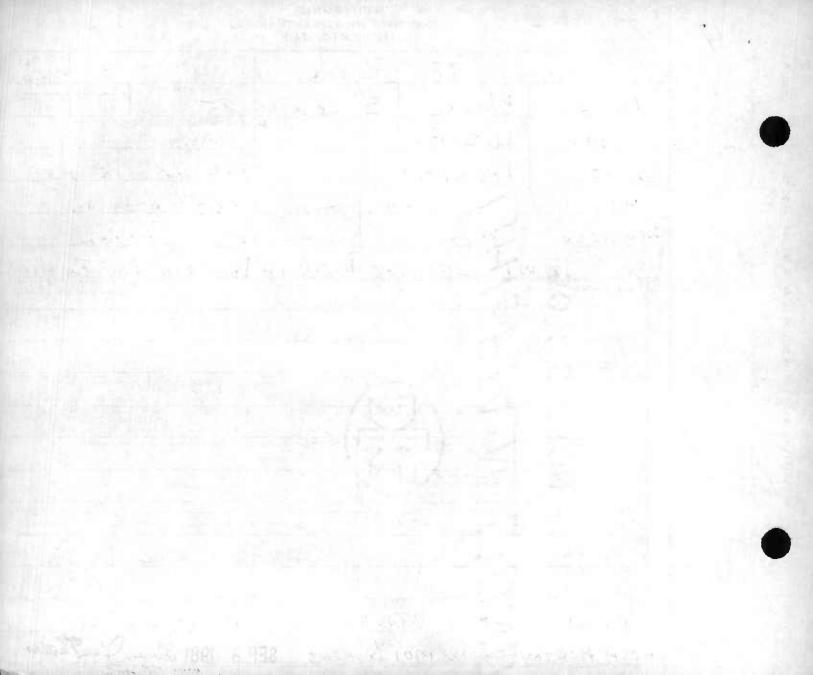
21d. INJURY OCCURRED

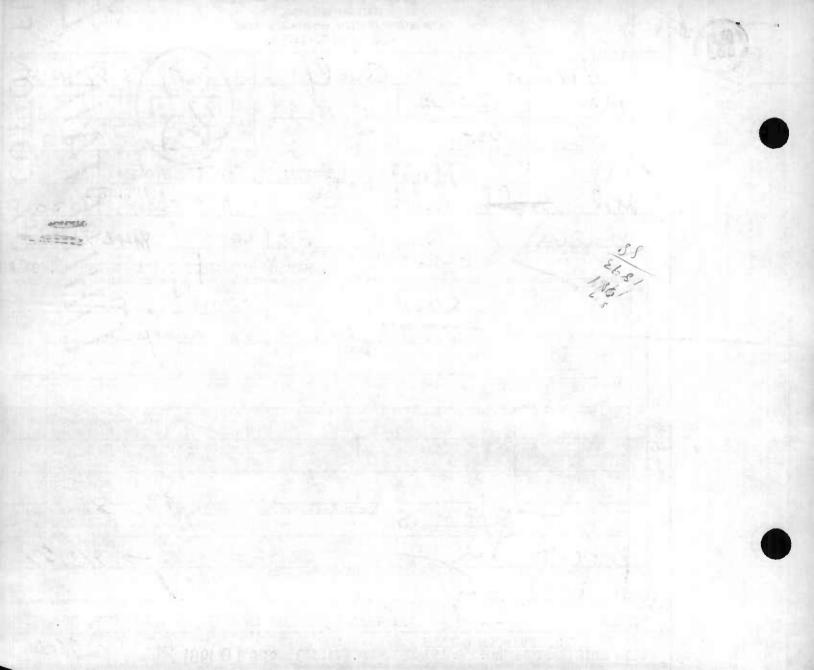
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250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE



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14	1	FOR STATE	DEPART	MENT OF HEALTH A	ND MENTAL HYGI	ENES	2 5 3	S Q
. 4	' '	REGISTRAR		CERTIFICATE	OF DEATH	REG. NO		
		CEASED NAME FIRST	MIDDLE	LAST			ONTH DAY YEAR	26 HOUR
oy be a death	(TYPE	GEOTA	· T.	Pril	20	, a	3-81	1241
oy o	3 SE		RACE	5. DATE OF BIRTH	) [	AGE (IN YEARS LAST BIRTH		IF UNDER 24 HRS
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1 11 85		VA.	U.S. A.	WIDOWED	DIVORCED [	Msaltim	ore Cit	MD.
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	ersu.	AL RESIDENCE (IF NURSING HOME OR	THER INSTITUTION GIVE RESIDENCE BEFORE	RE ADMISSION)			2/22 2 33	
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ficate b physicial popers, may al		CAUSE OF DEATH (Enter only	one cause per line for (0), (b), or BY:	nd ic.			APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
the done		PART I. DEATH WAS CAUSED		pulmonar	y arrest			
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RESTOR	7	Conditions, if any, which	( b) Septil	(1 1 1	106			
e of motion		gove rise to immediate		U	700			
W. I hat the by the size re an arther		couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEOU	V				
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	z	PART 2 OTHER SIGNIFICANT CO	onditions <u>contributing to</u>	DEATH BUT NOT REL	ATED TO THE TERMIN	NAL DISEASE OR COND	ITION GIVEN IN PART 11	01
DIVISION OF VITAL RECORDS,  NG PHYSICIAN: The law require attending physician.  After this certificate has been signed the buriol: transit permit. Then the and Mental Hygiene prior to be orked or them 18 shows any injury	CERTIFICATION		Time sources and a second	LODED LYLOULD AND A	505000000	TeeTODGW2	20b. IF YES, WERE FIND IN	100 1107
RECOR	2	190 DATE OF OPERATION	196 CONDITION FOR WHICH	1 OPERATION WAS P	EKLOKWED	20a AUTOPSY?	IN CERTIFYING CAUSES	OF DEATH?
JISION OF VITAL RE OF PHYSICIAN: The loans of this certificate has the burial-transit per and Mental Hygiene ced or Item 18 shows.	1 =					YES NO	YES	NO 🗆
DN OF VITAL IYSICIAN: The ding physicions of the contribute of the		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	216. TIME OF INJURY HOUR A.M. MONTH D	21c. HO	W INJURY OCCURRE	D (ENTER NATURE OF INJURY	IN ITEM 18, PART 1 OR PART 2)	
SICPA ng pl certif rindi-t entol	SAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19				
IVISION C G PHYSIC attending er this cer s the burno t and Ment	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,		CATION	CITY OF TOWN	COUNTY	STATE
DIVISION PROPERTY After the ost the lith and orked orked.	Z	WHILE NOT WHILE AT WORK	(AT HOME, STREET, PACTORE, OFFICE,	FARM, ETC.)		C,,, OK. 1011		STATE
Do de DE		220.1 certify that (1) (this haspite	il) attended the deceased from	913	19 81	9/3	19 31	that (I) (we) lost
## 5 P # # # # # # # # # # # # # # # # #		1/ sow the deceased alive on_	9/3	21 , and that in	(my) (our) opinion de	eath occurred on the dat	e and hour and from the	- Marie
OR ATTEN The hospital DIRECTOR Soched for un Dept. of H		obove, (I) (we) (did) (did not 22b. SIGNATURE)	view the body ofter death.	DEGREE			22c. DAJE	SIGNED
1 0 a 0 4 4		Mari		DEGREE	ATTENDING _	MEDICAL STAFF	- 10/2	181
HOSPITAL ned by the FUNERAL uid be deto the State I ORTANT. If		22d PHYSICIAN'S NAME (TYPE OR		22e. AD	PHYSICIAN	DIRECTOR PHYSICI	ANK 9/2	701
OSPI ed b UNEF d be the SI		ME THIS ICIAN S NAME (TYPE OR	PRINT)	22e. AD	)	11 .	0 0 44	
TO HOSPITAL retoined by 1 TO FUNERAl should be de with the Stort		Jonathan	Narris mp		rosidence	- DOSUI	al Ballin	we
Ze Fos E	230.	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY		23d. LOCATION CITY OR TOWN	COUNTY	STATE
53/BP		Burial	9-8-81 K	ing Hem	PK.	RAW dAlls;	TOUN, MO	1.
DHMH - 16 50M 1/76	24 F	UNERAL DIRECTOR	ADDRESS		250 DATE	REC'D. BY REGISTRAR 2	b. REGISTE TS SIGNAL	N. S.
(VR A 15 (4) )	M		1 4 SONS 170	1 LAURE	VUS SFF	8 1981 %	sinces fant	kithen
	-					1001 90		





Baltimore, Maryland

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE:

- STATE

DHMH - 16 50M 1/81 (VRA 15, 4)

Leonard J. Ruck, Inc.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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V	1-	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND  TMENT OF HEALTH AND MENTAL H  CERTIFICATE OF DEATH	YGIENE 3	2 3 5 4	da
1		CEASED NAME PIRST	MIDDLE MIDDLE	QUEEN	REG. No.	MONTH DAY YEAR 26	HOUR
	3. SE	Emale	BLACK	5. DATE OF BIRTH  MONTH DAY  YEAR  YEAR	6. AGE (IN YEARS LAST BIR		JNDER 24 HRS
35	A	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTR	MARRIED   NEVER MARRIED   WIDOWED   DIVORCED [	BALTIN		M
70	10 C	ALTIMERS	CAR-VER A	LURSING HOME	120 USUAL OCCUPATION OF WORK FOR MOST OF	ON 12b. KIND OF BU INDUSTRY	ISINESS OF
35		MAZ INCOU	ROTHER INSTITUTION GIVE RESIDENCE BEI	NA YES NO [	1616	Rev 421	
20	14. FA	ATHAN E	DWARDS LAST	15 MOTHER'S MAIDEN N	WATTS	LAST	
2		VAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SE	CURITY NO. 17. INFORMANT  MAGECS,	WHITE RE	1 1361 7141	pt 12
	NO	Canditions, if dny, which gove rise to immediate couse (o), stofing the underlying couse last.	DUE TO, OR AS A CONSECTION OF TO, OR AS A CONSECTION OF TO, OR AS A CONSECTION OF THE CONSEC	Typerteusion	Pudrome RMINAL DISEASE OR CON	DITION GIVEN IN PART 110	
9	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR WHI	CH OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF I YES N	USED DEATH?
9	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFETHER, NOTIFY MEDICAL EXAMINE 210 INJURY OCCURRED WHILE AT WORK AT WORK		DAY YEAR 19 211 LOCATION	URRED (ENTER NATURE OF INJU		STATE
		270.1 certify that (I) (this hosp saw the deceased alive or above, II) we (did) (did or 771.5 IGNATURE	ntol) attended the deceosed from 27 15 the body ofter deoth.	ato,	MEDICAL STA	ate and haur and from the caus 22c. DATE SIGN	
1		Regueld	O. CROSLES	27e ADDRESS	Monume	0.4	
	230. [	SURJAL, CRIMATION, REMOVAL	10/1/81 1	NAME OF CEMETERY OR CREMATOR	123d LOCATION BOLLY OR TOWN	MD 2901 25	STATE
1	24 F	INERAL DIRECTOR	138 Dr. 9004		DATE REC'D. BY REGISTRAR	REGIST AMS IGNATION	Then

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TEROY O. DYETT 4600 PEBERTY HEIGHTS

FOR

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DHMH - 16 50M 1/81

(VRA 15, 4)

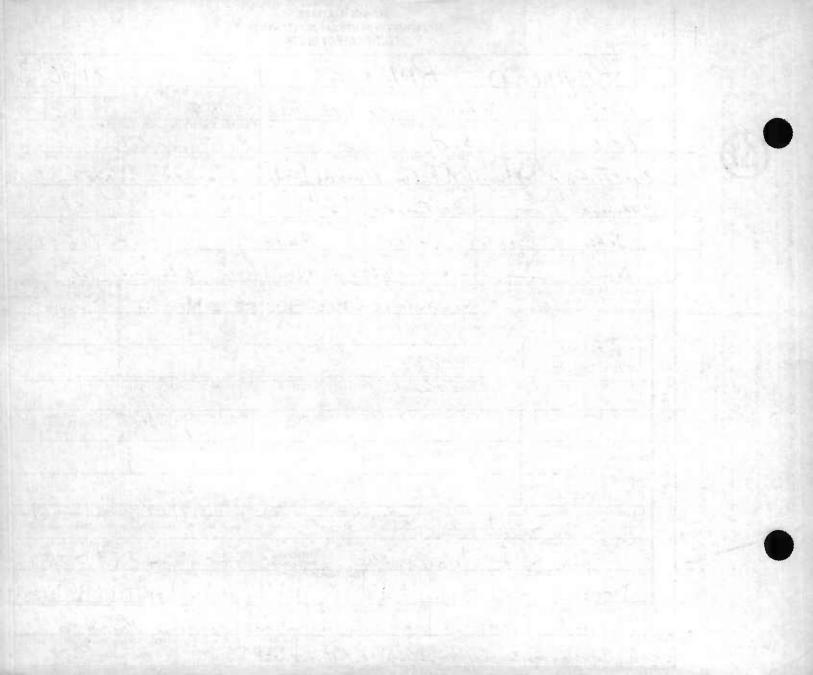
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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		FOR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL	HYGIENE 8 1 2 3	3 5 4 4
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e 4 moy be ictor, page : s after deat	3. SE	M12/2 1.8	White S. Date of Birth		UNDER LYEAR IF UNDER 24 HRS NIHS DAYS HOURS MIN.
000 10		RTHPLACE (STATE OR FOREIGN 76. 1	CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED DIVORCED DIVORCED	BALTIMORE CITY OR COUNTY O	FDEATH
W 90	10. C	BALTIMINE C	NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION		12b. KIND OF BUSINESS OR INDUSTRY
ND 2170	USU. 13a. S	AL RESIDENCE I IF NURSING HOME OF OTH TATE 13b. COUNTY	ER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  13c. CITY OR TOWN  13d. INSIDE CITY LIMI  YES NO [		T ST.
MARYLAI ed within mpletely f and 2 sho	14. FA	THER SNAME	IS. MOTHER'S MAIDE	MIDDLE	VI TIAST / O. IS
m 5 0 5		AS DECEASED EVER IN U.S. ARMED	FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT	ADDRESS	IT CT
fricate be execution and physician and popers. Pages mayal.		18 CAUSE OF DEATH (Enter only on PART I. DEATH WAS CAUSED B)	ne couse per line for (a), (b), and (c).)	Weber 1636 Liga	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
2 00000		1459 IMMEDIATE C	DUE TO, OR AS A CONSEQUENCE OF	ANCIER OF MOUTH	T VEARS
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es the	_	underlying couse lost.  PART 2 OTHER SIGNIFICANT CON	(c). IDITIONS <u>CONTRIBUTING TO DEATH</u> BUT NOT RELATED TO THE	TERMINAL DISEASE OR CONDITION GIVEN	IN PART 1(0)
DIVISION OF VITAL RECORDS,  NG PHYSICIAN: The low requir offending physicion.  After this certificate has been sig as the buriol-trossit permit. Then th and Mental Hygiene prior to b acked or them 18 shows any injury	IFICATION	190 DATE OF OPERATION	198 CONDITION FOR WHICH OPERATION WAS PERFORMED	IN CERTIFY!	VERE FINDINGS USED NG CAUSES OF DEATH?
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VISION OF  G PHYSICIA offending p  sthe buriolit ond Meridi	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED  WHILE NOT WHILE	P.M. 19  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
O O O E		220.1 certify that (1) (this haspital) sow the deceased alive or obove (1) we) (did) (did not) vi	01	EL, to 9/27, 19	and from the couses stated
OR che		obove ((1)) we) (did) (did not) vi	DEGREE ATTENDI	NG MEDICAL STAFF	22. DATE SIGNED
OSPIT oed by UNER Id be id be		224. PHYSICIAN'S NAME TYPE OR PRI	PHYSICI 120. ADDRESS 2-LURYE MINIUS OF	ML Lak Ent	A Mh DISAI
TO H shaul		URIAL, CREMATION, REMOVAL 2	36. DATE 23 NAME OF CEMETERY OR CREMAT		COUNTY , STATE
2302BP		BURIA!	9-30-81 Medour Ridge Men GAIA		WARD Mel.
DHMH-16 30M 2/80 (VRA 15, 4)	ch	expeles L. Stevens	Fanenul Henry, Ist. 1501E, FAT AUX	SEP 29 1981 France	Jan Martha



3	1.	STATE OF MARYLAND  FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 3 4 5  STATE REGISTRAR CERTIFICATE OF DEATH  REG. NO.
oge 4 moy be ecter, page 3	1. DE	MARY  S. DATE OF BIRTH  MONTH  BIACK  S. DATE OF BIRTH  MONTH  DAY  REAR  BY  WEAR  BY  WEAR  BY  WONTH  DAY  WEAR  BY  REAR  BY  BY  BY  BY  BY  BY  BY  BY  BY  B
ofter death. Pe	IVe	STATE OF FOREIGN   1/2 CITIZEN OF WHAT COUNTRY?   8   MARRIED   NEVER MARRIED   9 BALTIMORE CITY OR COUNTY OF DEATH   1/2 CITIZEN OF WHAT COUNTRY?   8   MARRIED   NEVER MARRIED   9 BALTIMORE CITY OR COUNTY OF DEATH   1/2 MIDOWED   DIVORCED   1/2 MIDOWED   MIDOWED   MIDOWED   1/2
MARYLAND 21201 ed within 24 hours ed within 26 hours ama 2 moute be the	13a. S	AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13d. INSIDE CITY LIMITS? 136 STREET ADDRESS 15 MO 1534 MOUNT 57.  ATHER'S NAME  ATHER'S NAME  IS MOTHER'S MAIDEN NAME  LAST  L
be execut on ond cars. Poges	16a V	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS  185 NO ORUNYNOWN) (IF YES, GIVE WAR OR DATES)  18 CAUSE OF DEATH LEnter only one couse per line for [0], (b), ond [c].  18 CAUSE OF DEATH LEnter only one couse per line for [0], (b), ond [c].
, 201 W. PRESTON ST., res that the death certific ned by the attending phy please remove carbon provinal, cremotion, or remoy, or other traumotic even	z	PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (o)  Conditions, if ony, which gove rise to immediate couse (o). stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100
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ITAL OR ATTENDIO by the hospiral or by the hospiral or RAL DIRECTOR. A detached for use store Dept. of Heal		220.1 certify that (I) (this hospital) attended the deceased from 19 to 27 19 to 19
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1	edded in FOR STATE REGISTRAR	nfo g561			MENT OF H		RYLAND ND MENTA RTIFICATI		TH	2 3 eg. No.	3 3 4	0
20025	1. DECEASED NA (TYPE OR PRINT)		ANTONIO	MIDDLE	, AL.	RASPA			20. DATE KNOW OF EST DEATH MATE		H DAY YEAR - 14-81	2b HOUR
	3. SEX	4. RACE	5. DATE OF BIRTH	YEAR	6. AGE (IN YEA LAST BIRTHDA	Y) MONTHS	DAYS HOURS	DER 24 HRS.	2c. DATE PRONOUNCED DEAD	MONTH	-14-81	14 1949
MATERIA DE LA COMPANIA DEL COMPANIA DEL COMPANIA DE LA COMPANIA DE	male 7a BIRTHPLACE FOREIGN COUNTR  Ital	(STATE OR										
FLAY IS N TO THE FU PACE S S, 201 W	Balti	N OF DEATH	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT INSUCH FACILITY, GIVE STREET ADDRESS)  16 S. Broadway  Barber							N (TYPE OF WOR	x 126 KIND OF B OR INDUS	USINESS TRY
F ANY D AND 3 RETAIN HOULD RECORD	Md.	E (IF IN NURSING HOME (	OR OTHER INSTITUTION, G	13c. CITY	BEFORE ADMISSIO OR TOWN 1to.	13d.	INSIDE OF LIMITES NO		EET ADDRESS South	Broad	lway	
BALTIMORE, MD. S. AFTER DEATH. IF GIVE PAGES 1, 2, ITH FORM PM 3. PAGES 1 AND 2 SI INISION OF XIJAL		ncisco		spa	LAST				MIDDLE		LAST	
S AFTER GIVE PAGES I	Unkn.		WAR OR DATES)	215	-03-58		Franc	is Ra		Balt	o., Md	
TTAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 HOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS THE PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO THE REPORT MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN PAGE 5. OF HEALTH AND MENTAL HYGIENE, DIVISION OF KIJAL RECORDS, 201 VIRIAL, CREMATION, OR REMOVAL.	Condition of the course lying c	ions, it ony, which rise to immediate a) stoting the <u>under-</u> ause lost.	D BY: TE CAUSE (o) DUE TO, OR  (b) DUE TO, OR  (c)	Carc: AS A CON	inoma o ISEQUENCE O	F					APPROXIMA BETWEEN ONS	ET AND DEATH
DIVISION OF VITAL RECORDS, 201 S CERTIFICATE SHOULD BE EXECUTED RITING THE WORD "PENDING" IN P ROED TO THE CHIEF MEDICAL EXA RE 3 SHOULD BE USED AS A BURRAL. E DEPARTMENT OF HEALTH AND ME OF PRICE TO BURRAL, CREMATION,	NO	SIGNIFICANT CONDITIONS			TED TO THE TERMIN			H PART 1 (c),			20 AUTOPS	
ON OF W	210. EXTERI	NAL CAUSE WAS NG OR TING CAUSE OF I		MONTH	DAY YEAR	21c. HOW	INJURY OCCU	RRED (ENTERN	NATURE OF INJURY IN I	TEM 18 PART 1 OR		NO 😡
DIVISI THIS CERT WARDED PAGE 3 SI TATE DEP	WHILE AT WORK	OCCURRED  NOT WHILE DAT WORK	21e PLACE STREET, FAC	OF INJURY TORY, FARM, ET		21f. LOCAT STREET			CITY OR TOWN	(	COUNTY	STATE
TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTE THE CERTIFICATE, WRITING THE WORD "PEN PAGE 426HOULD BE FORWARDED TO THE CHIEF ME TO FUNERAL DIRECTOR; PAGE 3 SHOULD BE USED AS AFTER DEATH WITH THE STATE DEPARTMENT OF HEALTH BALTIMORE, MARYLAND, 21201 PRIOR TO BURRAL, CR	220 I ce death resu ACTUAL SIGNATUR	(1/2/1	ge of the remains des	Accident	ve, held on Suic		Homicide	)	Inquiry	ond in my  DAT	E 0.1/	81
TO MEDICA XECUTE TO PAGE 4881 AFTER DEA MALTIMORE	EXAMINER (TYPE OR P	SNAME	rgarita A		e11,M.D	)ADD	PRESS	111 Pe	nn Stree			
BP	(SPECIFY)	emoval	9/25/8		IAME OF CEM	ETERY OR CR			OCATION OR TOWN			STATE
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-	TYPE OR PRINT)	Rober	t W	ayne	R	ay			OF E	STI-		17 19	81	**
3. 5	SEX		DATE OF BIRTH	6 AGE (IN YE	ARS IF UN	DER T YR.	IF UNDER 2		DATE		MONTH		EAR 2d HOL 7:3	MR.
	Male		May 23,	1923 58 Y	RS. MONT	AS DAYS	HOURS	MIN, PRO	DEAD	:D	9	17 19	81 /33	D M
7a	BIRTHPLACE (S	TATE OR	76. CITIZEN OF WE	AT COUNTRY?	8. MARR	ED A NEV	ER MARRIEI	D 🔲 9. E	BALTIMOR	E CITY O	R COUN	TY OF DEATI	Н	
4	Ohio		USA		WIDOW		DIVORCE		Balti				M	D.
X	Baltimo	re	Universi	PITAL, NURSING HOME CILITY, GIVE STREET ADDRESS)  Ty Hospita	- S		ION	POR MOS Ret	occupat torworking <b>ired</b>	TION (TYPE G LIFE)	OF WORK	US A	LISTRY	
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豆	FATHER'S NAM	<u> </u>	WIDOLE			15. MOTHE	R'S MAIDEN		MIDDI			LAST		=
20	Winfi	eld	WIDOLE	Ray		Lai	ura		MIDDI	re		LAST		
760	WAS DECEASE	D EVER IN U.S. ARM	ED FORCES?	166. SOCIAL SECURIT		17. INFORM				ADDRESS				_
X.	YES, NO OR UNKNO	1943	1964	291-18-9	997	Mrs.	Clai	re R	ay,	wife	,	same	as 13	
3	gave r couse (o lying co		(b)	AS A CONSEQUENCE  AS A CONSEQUENCE  BUT NOT RELATED TO THE TERM	OF	OR CONDITION	GIVEN IN PART	1101.						
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3			HOUR A.M	MONTH DAY YEAR	3							y auto		
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	ACTUAL SIGNATURE	Virginia	Loola		M	D. Ass	recify) istant	MEDICA	L EX AMIN	ER	DATE	9 <b>-</b>	17-81	
2	EXAMINER'S (TYPE OR PRI	NAME Virg	ginia L.	Dolan, M.D.		ADDRESS	11	I Pen		eet				
230	BURIAL, CREMA (SPECIFY) Buri	al 2		81 Crowns				23d. LOCA CITY OR T	rown	svil	lle.		STATE Md.	=
24	FUNERAL DIREC	CTOR				12	250. DATE RE		GISTRAR	75b. REGIS	STRAR'S	SIGNATURE	T.	-
	James	S. Kirkl	ey, Gle	n Burnie,	Md		SEF	18	1001	21	0	10 m	Then	

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 7h HOUF 18, 1981 BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE CITY 17h KIND OF BUSINESS OR HOUSEWIFE AT HOME APT. 2-E 6503 PARK HEIGHTS AVE. 21215 UNKNOWN HOWARD REAMER 2839 BANEBERRY CT. 21209

20h IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

COUNTY

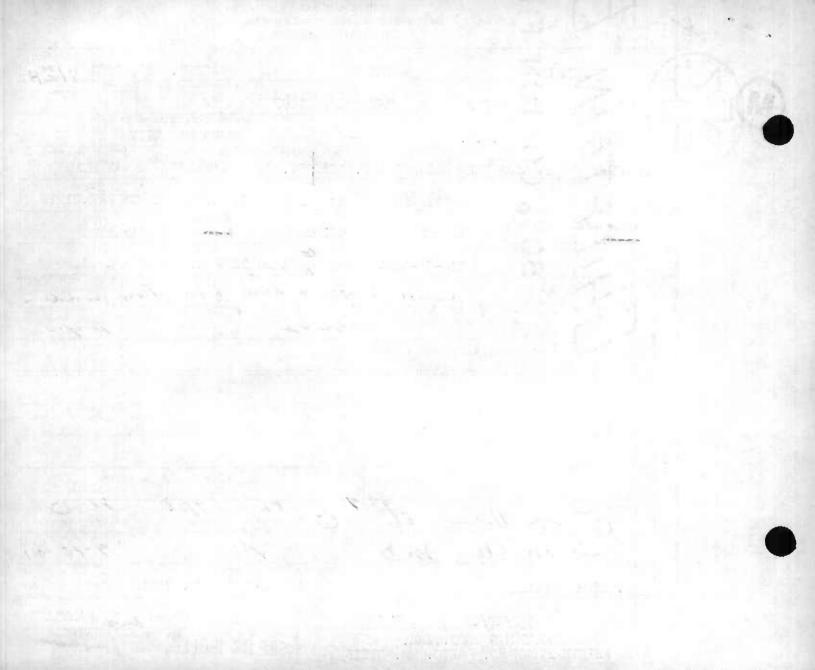
22t. DATE SIGNED

NO [

STATE

74 FUNERAL DIRECTOR LEVINSON & BROS . A LINC. 6010 REISTERSTOWN RD. BALTO., MD. 21215

DHMH - 16 50M 1/81 (VRA 15, 4)



S. Zeiler & Son Inc. 6224 Eastern Avenue

Marie

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

Reckline

2n DATE OF DEATH

September 26, 1981

2h HOUR

17b KIND OF BUSINESS OR

5 Days

NO T

STATE

YES [

COUNTY

22c. DATE SIGNED

IF LINDER I YEAR

10:30

IF UNDER 24 HRS

(VRA 15, 4)

- STATE

LITYPE OR PRINTS

REGISTRAR DECEASED NAME

Helen

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGIST	RAR			CERTIFICAT	E OF DEATH		REG. NO			
1. DECEASED			DDLE	LAST		2a. DATE C		MONTH D	AY YEAR	2b. HOUR
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3. SEX	М	4. RACE	7	5. DATE OF BIRT	21 - 11		YEARS LAST BIRTH	M	ONTHS DAYS	HOURS A
7a. BIRTHPLAC	E (STATE OR FOREIGN	76 CITIZEN OF W	HAT COUNTRY?	8		- 9 BALTIM	ORE CITY OR	YRS.	OF DEATH	
COUNTRY	SINIA	US	A	WIDOWED	DIVORCED		BA	140	Cut	4
13	MORE, MO	(IF NOT IN SUCH I	OSPITAL, NURSING ACILITY, GIVE STREET AL				COCCUPATION OF AREA			F BUSINESS
MOL.	13b CC	e or other institution, GI DUNITY I	AL CLICOT	ITY YES		91	ADDRESS	RED	ERICI	RI
10	NAME FIRST	Reed	LAST	15. M	OTHER'S MAIDEN	6RA	MIDDLE	RE	ED LAS	ST.
	EASED EVER IN U.S.	ARMED FORCES? 1 GIVE WAR OR DATES)	6b. SOCIAL SECUR		FORMANT	Pood Old	ADDRES	SS	P 0	1010
/ * (		<u>\</u>			Evelyn	need 912	T LLGO	ferick		1043
	ISE OF DEATH (Enter T I. DEATH WAS CAL	r anly ane cause per li JSED BY:	C- 11	0.00 0.					BETWEEN	MATE INTERVA
	IMMED	IATE CAUSE (a)	Small	cell de	una ca	remove			sev	more
	627	DUE TO, OR	AS A CONSEQUEN	NCE OF	0					
	ians, if any, which	( (b)			71112					
gave	rise to immediate	)					1000	6177		
underl	(a), stating the ying cause last.	DUE TO, OR	AS A CONSEQUEN	VCE OF					1796	
		(c)			<u> </u>					
	OTHER SIGNIFICAN	T CONDITIONS CON	TRIBUTING TO DI	EATH BUT NOT F	RELATED TO THE	TERMINAL DISEA	SE OR COND	ITION GIVE	N IN PART 1	a'
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(IF EITH	ER, NOTIFY MEDICAL EXAMI			19						
WHILE	URY OCCURRED	21e. PLACE OF	T, FACTORY, OFFICE, FAI		OCATION STREET		CITY OR TOW	M	COUNTY	STAT
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	14	fig. Word	eme		ATTENDIN PHYSICIA		R PHYSICI		9/1	3/81
22d. PH	SICIAN'S NAME (TY	PE OR PRINT)		22 e	ADDRESS	1 4	0		11	1
	Jeffre	y Abras	ws.		900 C	afor av	e. Jy	Agn	es Hos	p
230 BURIAL, C	REMATION, REMOV	Sept 1		Lorrain	RY OR CREMATO	DRY 23d. LOC Cr		altimo	19eriy M	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
24 FUNERAL	DIRECTOR				25a.	DATE REC'D. BY		Sh EGISTR	AVS MANA	1 kull
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DHMH-16 30M 2/80 (VRA 15, 4)

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The cale to a minute that the

William C. March F/H 1101 E. North Ave

(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	5	4	-	1-	FOR STATE REGISTRAR		DEPART	MENT OF H	E OF MARYLAND LEALTH AND MENTAL CATE OF DEATH		NE 8 - 2	3 5	3 0
					CEASED NAME FIRST	M	HDDLE		AST	20	DATE OF DEATH MONTH	DAY YEAR	26 HOUR
	9	of o		(1116	REV. WILL	TAM PA	TTEN	RE	ED		SEPTEMBER 3	1981	1:40PM
	-	2		3. SE)		4 RACE		5 DATE C			AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YE	AR IF UNDER 24 HRS
	1	3.0			Male	White		Dec	. 9, 1946	S S	34	TS HOURS MIN	
	1	6 g #/	0	70. BI	RTHPLACE (STATE ON FOREIGN	7b. CITIZEN OF V	VHAT COUNTRY	8 MAPPIE	D MEVER MARRIED	9	BALTIMORE CITY OR COU	NTY OF DEATH	
	10	6	7		New York	US		WIDOWE	DIVORCED		BALTIMORE C	ITY	MD.
10	(1)	A)B	3	10 CI	Baltimore	(IF NOT IN SUCH	FACILITY, GIVE STREE	ADDRESS)	OR OTHER INSTITUTION		O. USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKIN Clergy	NG LIFE) INDUSTE	of BUSINESS OR RY
212	3	1 1		USUA	L RESIDENCE (IF NURSING HOME TATE 134 201	OR OTHER INSTITUTION		E ADMISSION)	13d. INSIDE CITY LIMI	crea lua	CAUCET ADDRESS		
N	7 1	H B	5			toBro			YES NO D	X 113	P.O. Box 2	Falls	Road
MARYLAND	rithir	2 sh		4.FA	THER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDE	NAME			
\$	p o	and Dis	0	٩	William	MIDDLE .	Reed		Barba	ara	MIDDLE	Garr	ett
*	×ecci	Pages 1	7		AS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SEC	JRITY NO.	17. INFORMANT		ADDRESS		
WI		S. Pog	4		No				Mrs. Sh	irley	/ L. Reed	San	
ST. BAE	38	anpaper emaval.			PART I. DEATH WAS CAUSED IMMEDI	only one couse per l SED BY: ATE CAUSE (a)	line for a), (b), a		ected Ascen	Dugo	surhe graft		OXIMATE INTERVAL EN ONSET AND DEATH
Nos	m S	ve carb			Conditions, it ony, which	DUE TO, OR	AS A CONSEOL	ENCE OF	in feetim	0		7	
× ×	hot they	by the a ose remo I, cremat other tro			gave rise to immediate cause ia, stating the underlying cause last	DUE TO, OR	AS A CONSEOL	ENCE OF	usquam Ty	ee I		8.7	0-80
RD5,20	equires 1	Then ple r to burio injury, or		NO	PART 2 OTHER SIGNIFICAN							GIVEN IN PART	100.
AL RECO	he low r	permit.	2	CERTIFICATION	190 DATE OF OPERATION 8-2 9-3-81	196. CONDIT	ion for which		on Mycotkan	ewyst	200 AUTOPSY? 20b. IF	YES, WERE FINI ERTIFYING CAUS YES 🌠	DINGS USED SES OF DEATH?
DIVISION OF VITAL RECORD	ICIAN: T	s certificate burial-transi Mental Hygi ir Item 18 sh			210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN	EATH HOUR A.M	M. MONTH D	AY YEAR	21c HOW INJURY OF	CCURRED	(ENTER NATURE OF INJURY IN ITEM		
VISION	G PHYS	er this certificates the burial-		MEDICAL	WHILE NOT WHILE AT WORK	21e. PLACE O			211 LOCATION STREET		CITY OR TOWN	COUNTY	STATE
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	T	W > S	1		URIAL, CREMATION, REMOVA			NAME OF C	EMETERY OR CREMAT	ORY	23d LOCATION CITY OF TOWN	COUNTY	STATE
	BP_				Cremation	9/4/			Mount		Balto.,		Md.
		6 50M 1/81	1			ry W. J			13 00.		EC'D. BY REGISTRAR 25b. REG	GISTRAR'S SIGN	ATHRE
	(VKA	13, 4)		49	905 York Roa	d Balto	., Md.	212	12	SE	P 8 1981 Z	ances de	an / F

Mike Sac. 8, 1946 To Sac. Eastiment Court Transfer of the State of the Waryland Callo. Encoklantvill x P.O. Box & T.21022.40 William L. Bred Garbara Garbara No. 1 Pesd Standard No. Shirley L. Resd HER THE STREET STREET Grenation 9/4/81 Green Mount Balto., and A Henry W. Jenkins & Sons Co. HES YOUR EDWG HELDS, Md. 21212

## ATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

0	1 -	STATE REGISTRAR	DET AKIN	CERTIFICATE OF DEA	ATH	REG. NO.		
		CEASED NAME FIRST OR PRINT! LEONARD	J. Reichly	IAST	2a DATE OF D			26 HOUR 6:20 AM
	3. SE:	Musc.	COUCATION	5. DATE OF BIRTH  MONTH  DAY	WE A D	ARS LAST BIRTHDAY)  VRS	IF UNDER TYEAR	IF UNDER 24 HRS
35	H	RTHPLACE (STATE OR FOREIGN EQUINTRY)	O. S. A.	MARRIED NEVER MAI	RCED   BMH	HUORE C	OF DEATH	MD.
38	B	SAMMORE	BCRP, MARYLUNG	DHIVE 1281TY	(TYPE OF WORKE	OF PAT LA TMS FOR MOST OF WORKING LIFE		N COMP.
35	13a. S		THER INSTITUTION GIVE RESIDENCE BEFORE 134. CITY OR TOWN BALTIMO	DRE YES N	od 3303	KENTAC	Ross	21207
<u>30</u>		SAMUEL KE	Chlyn. LAST	15. MOTHER'S M	tie Brance		UNKN	OWN
2		YES NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166. SOCIAL SECUI 11 - ARMY 212-07-4		MRS. ROSE RI ENJAC RD.	ETCHEYN BALTO.,		207
		PART I DEATH WAS CAUSE	oly one couse per line for (a), (b), one D BY TE CAUSE (a) RESPINA	tory - Corani	c danet		BETWEEN OF	ATE INTERVAL NSET AND DEATH
		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE	E flistiocytic	i Lymphon	no.	11 1	enths.
	NOI	PART 2 OTHER SIGNIFICANT O	Pleural Ettor	Fin, Hale	// F	-	EN IN PART 1(0	
2	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORM			WERE FINDING	
9		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	1/-13 0		RY OCCURRED (ENTER NATU	JRE OF INJURY IN ITEM 18 PA	ART I OR PART 2)	
	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY	ARM LICT 216 LOCATION 22 Sou	the Greene S	St. Broth	- county 141	STATE 21201
		saw the decrosed alive on above, (f) (wa) (did) (did no	tol) attended the deceosed from 2 19 8	ond that in (my) (ou	19 <b>8</b> , to <b>9</b> ir) opinion deoth occurred		ond from the co	
		27h SIGNATURE	2	PHY	ENDING MEDICAL SICIAN DIRECTOR	STAFF PHYSICIAN	9/21	181
1		122d. PHYSICIAN'S NAME (TVA)	CE-RAVELO MI	1 BCRP	University &	the Hoseyla	nes Hosp	htal
	- (	BURIAL, CREMATION, REMOVAL SPECIFY) BURIAL	9/22/81 I	NAME OF CEMETERY OR CRE HEBREW YOUNG 1	MEN BA	LTIMORE	COUNTY	STATE
	24 FL	UNERAL DIRECTOR SOL 6010 REISTERSTO	LEVINSON & BROS. WN RD. BALTO., 1	, INC. MD 21215	SEP 23 19	GISTRAR HI REGISTE	RAR'S SIGNAYU	a Jran

DHMH - 16 50M 1/81 (VRA 15, 4)

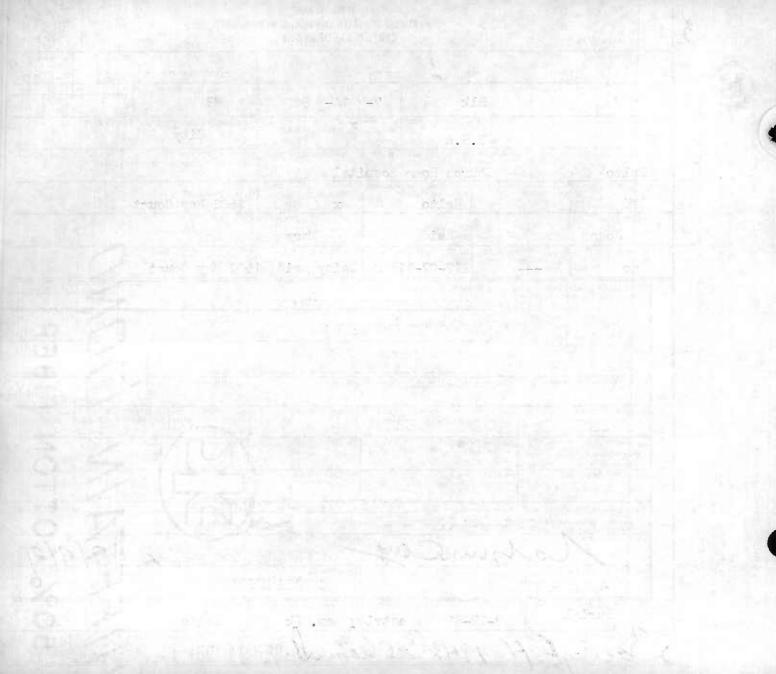
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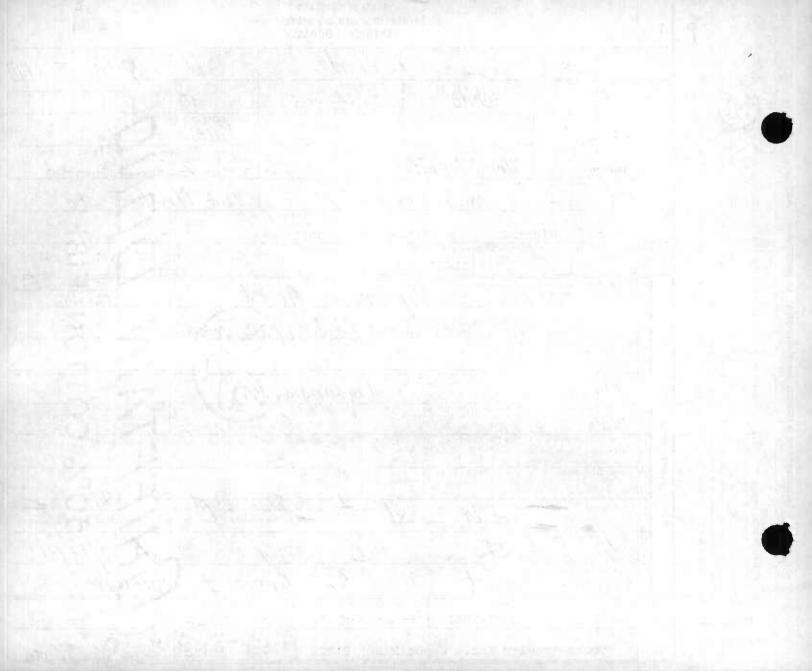
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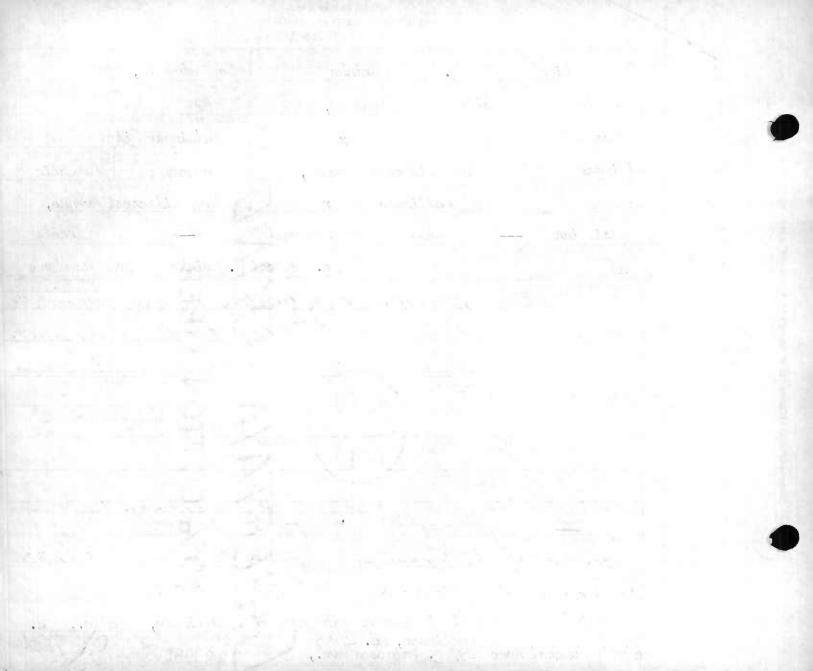
		P		REGISTRAR				CERTI	FICATE OF DEATH	REG. NO.		
	day			CEASED NAME	FIRST		WIDDLE		LAST	20 DATE OF DEATH MONTH	DAY YEAR	26 HOUR
	7 B.20	1			JOHN	F		REID		SEPTEMBER 9	. 81	3-50am
	1	1	3. SE			4 RACE			OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	
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	h. Pol di	2/1		RTHPLACE (STATE OR	FOREIGN	7b. CITIZEN OF		TRY? 8	ED NEVER MARRIED	9 BALTIMORE CITY OR COU	NTY OF DEATH	
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AND 21:	filled in	35	130. S	AL RESIDENCE (IF NOR: STATE Md	136 COUN	OTHER INSTITUTION	130. CITY OR Balto	TOWN	13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS 1602 May Cour	rt	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	ed within	20	14 FA	John		MIDDLE	Reid		15. MOTHER'S MAIDEN NA	AME	fv	AST
SE,	d co	medicol		VAS DECEASED EVER		MED FORCES?	166 SOCIAL	SECURITY NO.	17 INFORMANT	ADDRESS		
IIW	be exec	a e	,	no	(11 723, 070		217-07	-1132B	Daisy Reid	1602 May Court		
BAL	ysicio	t, the		18 CAUSE OF DEAT	H (Enter an	ly one cause pe	r line for (a), (b	), ond (c).)			APPRO: BETWEEN	XIMATE INTERVAL N ONSET AND DEATH
ST.,	g ph	even		PARTI. DEATH W	IMMEDIA1	E CAUSE (a)	CARDIO	RESPIRA	TORY FAILURE			
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Ö	w re been mit. T	prior prior	CERTIFICATION	19a DATE OF OPERA	TION	19b COND	ITION FOR WI	HICH OPERATION	ON WAS PERFORMED	20a AUTOPSY? 20b IF	YES, WERE FINDI	INGS USED
E RE	on. hos	Se en e	TIFIC	SEPTI	EMBER	4 CAF	RCINOMA	RECTUM		YES IN NO X XINCE	RTIFYING CAUSES	S OF DEATH?
VIIA	ysicio cofe	Hygi Hygi	CER	210. ACCIDENT WAS UN	-	Maria 4		D.1.V. VE.15	21c HOW INJURY OCCUP	RRED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)	
9	PHYSICIAN: ending phys this certifica	nto l	CAL	OR CONTRIBUTING		1111	.M. MONTH .M.	DAY YEAR				
O	oHYS indin	d Me	MEDICAL	21d. INJURY OCCUR	RED		OF INJURY	EICE EADM ETC.)	21f. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
N N	offer the	alth and M morked or	2	AT WORK AT WO	HILE	(A) Monte 31	ALLI, I ACIONI, OF			CEDTENDED O	0.1	
	N Se A	repliance is mo		220.1 certify that (1)				0111	IST 31, 81	SEPTEMBER 9,	19_81	, that (I) (we) lost
	ATTE DSpite CTO	n 21		sow the deceas above, (1) (we) (	ed olive on did) (did no	september	atter death.	1981	and that in (my) (aur) opinion	death accurred an the date and	hour and fram the	e couses stated
	OR bolke	f Her		22b. SIGNATURE	1 -	1		Doub	DEGREE	MEDICAL STAFF	22c DATE	ESIGNED C
	TAL by th RAL det	N T		/	0	ノりく	will	Je of	PHYSICIAN	DIRECTOR PHYSICIAN	19/	4/8/
	HOSPIT ned by	with the State		22d. PHYSICIAN'S N					CHURCH H	INTIDON		' /
	FO H	with the		1		JSWAMY			1			
1/1	7		23a E	SURIAL, CREMATION,	REMOVAL	23b. DATE	2-81		CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN Balto	COUNTY	Md <sup>State</sup>
CU	) BP		24 11	AL DIRECTOR		7-1/	C=01	wes cv.	Ley Mem. Pk	TE REC'D. BY REGISTRAR 25% REC	CISTOAD'S SICNIA	THE
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE





STATE OF MARYLAND



FOR - STATE

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completely filled in by 1

TO FUNERAL DIRECTOR: After this certificate has been signed by the otherding physicion and col should be detached for use as the burial-transit permit. Then please remove corbon-papers. Pages 1 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval.

may be

certificate be executed within 24 hours

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law

etained by the hospital

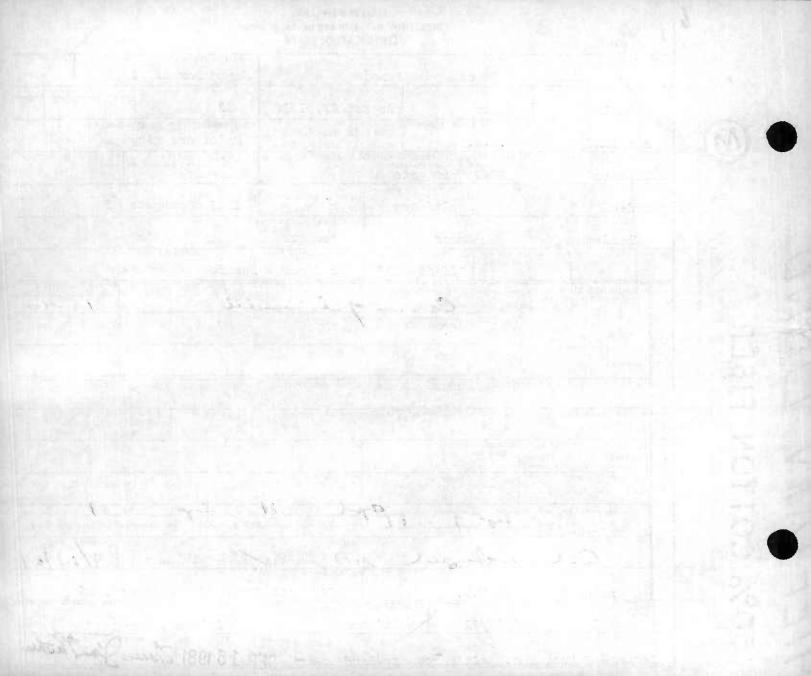
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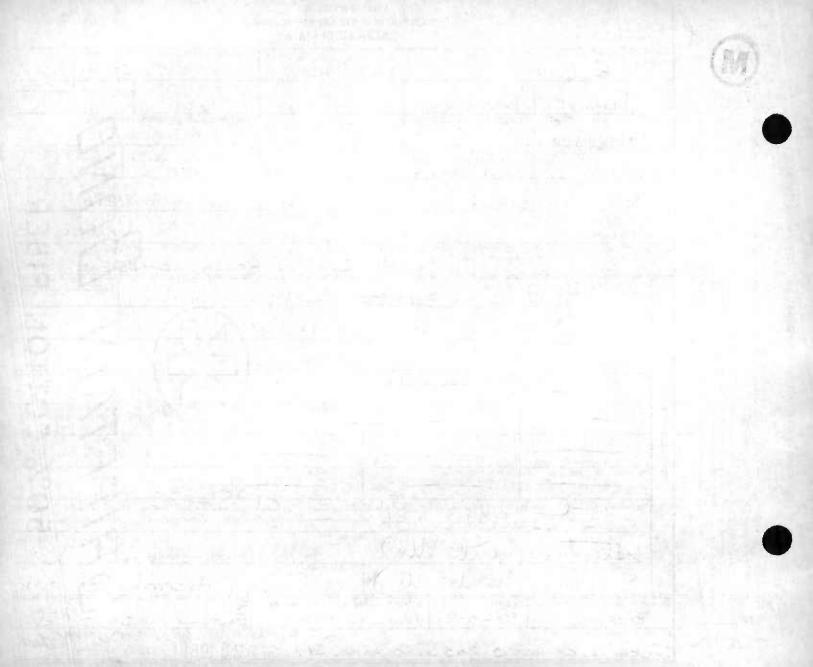
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

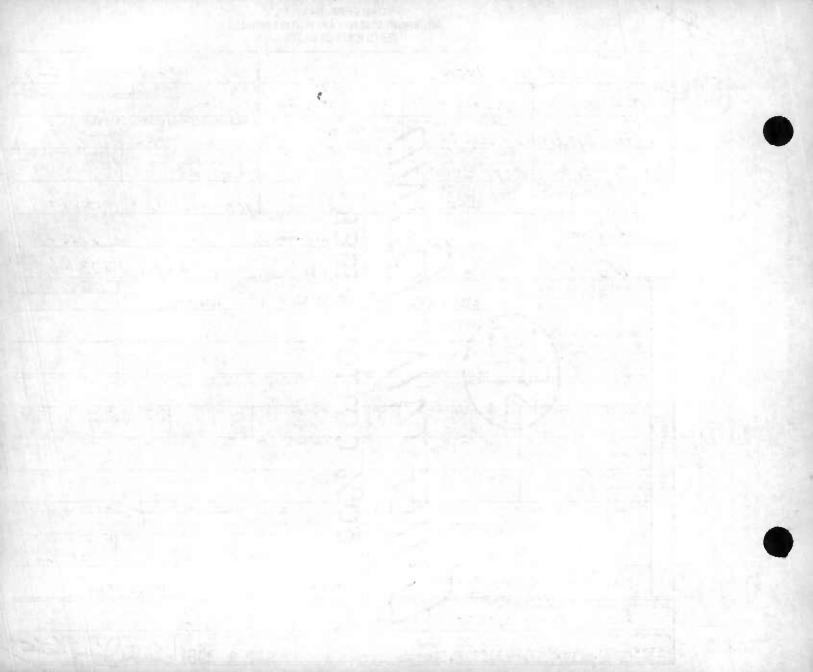
CERTIFICATE OF DEATH

-	REGISTRAR					CATE OF BEATH	REG. NO	).			
	EASED NAME	FIRST	MI	IDDLE	L	AST	20 DATE OF DEATH	MONTH	DAY YEAR	2b HOUR	
11116	OR PRINTI	Anna	Lenc	ora	Renni	e	September	12, 1	.981		
3. SEX			4 RACE		S. DATE O		6. AGE (IN YEARS LAST BIRT		IF UNDER 1 YEAR	IF UNDER 24 HRS	
	Female		White			st 17, 1918	63	YRS	MONTHS DAYS	HOURS MIN	
	RTHPLACE (STATE	OR FOREIGN	76 CITIZEN OF W	HAT COUNTRY?	8.	NEVER MARRIED	9 BALTIMORE CITY O	COUNTY	OFDEATH		
-	<b>M</b> aryland		U.S.A.		WIDOWE	D DIVORCED	Baltimore	City	7	MC	
	TY OR TOWN OF D 1timore	DEATH	(IF NOT IN SUCH	OSPITAL, NURSIN FACILITY, GIVE STREET Northga	ADDRESS)	R OTHER INSTITUTION	170 USUAL OCCUPATION HOUSE OF WORK FOR MOST OF	ON WORKING LIF	126 KIND C INDUSTRY	OF BUSINESS OR	
13a. S	L RESIDENCE (IFN TATE ryland	URSING HOME OR		Baltimo:	'N I	13d. INSIDE CITY LIMITS?	13e. SIREET ADDRESS 1543 Nort	hgate	e Rd		
4. FA	THER'S NAME FIRST Charles	ŵ	AIDDLE	Lucas		15 MOTHER'S MAIDEN NA Leonora	WE	Low	re LAS	57	
	AS DECEASED EV		MED FORCES?	166 SOCIAL SECU	IRITY NO.	17 INFORMANT	ADDRE	SS			
	es. no or unknown) <b>No</b>	(IF YES, GIVE	WAR OR DATES)	215-05-	4335	Mr James V	Rennie	S	Same		
CERTIFICATION	PART I. DEATH WAS CAUSED BY.    MMEDIATE CAUSE (a)   DUE TO, OR AS A CONSEQUENCE OF    Canditions, if any, which gove rise to immediate cause ial, stating the underlying cause last   DUE TO, OR AS A CONSEQUENCE OF    PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)    PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)    PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)    PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)    PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)    PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)    PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)    PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)    PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)    PART 2 OTHER SIGNIFICANT CONDITION GIVEN IN PART 1 (a)    PART 2 OTHER SIGNIFICANT CONDITION GIVEN IN PART 1 (a)    PART 2 OTHER SIGNIFICANT CONDITION GIVEN IN PART 1 (a)    PART 2 OTHER SIGNIFICANT CONDITION GIVEN IN PART 1 (a)    PART 2 OTHER SIGNIFICANT CONDITION GIVEN IN PART 1 (a)    PART 2 OTHER SIGNIFICANT CONDITION GIVEN IN PART 1 (a)    PART 2 OTHER SIGNIFICANT CONDITION GIVEN IN PART 1 (a)    PART 2 OTHER SIGNIFICANT CONDITION GIVEN IN PART 1 (a)    PART 2 OTHER SIGNIFICANT CONDITION GIVEN IN PART 1 (a)    PART 2 OTHER SIGNIFICANT CONDITION GIVEN IN PART 1 (a)    PART 2 OTHER SIGNIFICANT CONDITION GIVEN IN										
CAL	210. ACCIDENT WAS I OR CONTRIBUTING [ (IF EITHER NOTIFY M 21d INJURY OCCU	CAUSE OF DEAT EDICAL EXAMINER) JRRED	P.M.	. MONTH DA	19	21c. HOW INJURY OCCURS 211. LOCATION STREET		IN ITEM 18 P		NO _	
	220.1 certify that	ased alive an ) (did) (did nat	ol) ottended the	deceased from_	F / , one	d that in (my) (our) opinion of the company of the	to death occurred on the do				
			cpick M.	D.		2360 West	Joppa Rd Ba	ltimo	ore, Md		
23a. Bl	JRIAL, CREMATIO	N, REMOVAL	23b. DATE	23c. N	NAME OF CE	METERY OR CREMATORY	23d LOCATION		COUNTY	STATE	
	Burial	-1.0	9/16/8.	1 B	altimo	re	Baltimore	, Mai		SIAIL	
24 FU	NERAL DIRECTOR			ADDRESS		250 DAT	E REC'D. BY REGISTRAR	Sh. REGIST	RAT SIGNAL	on.	



DIVISION OF VITAL RECORDS,





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FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

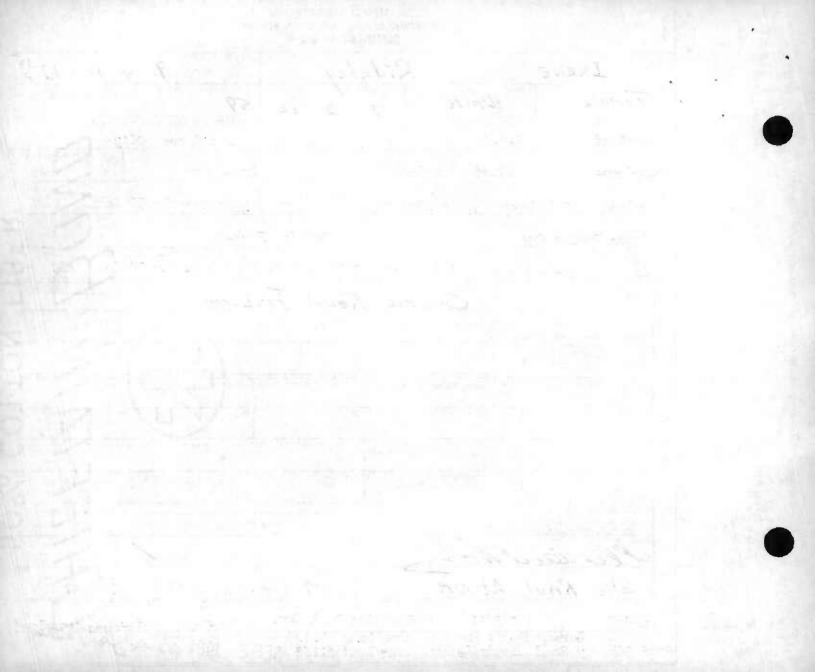
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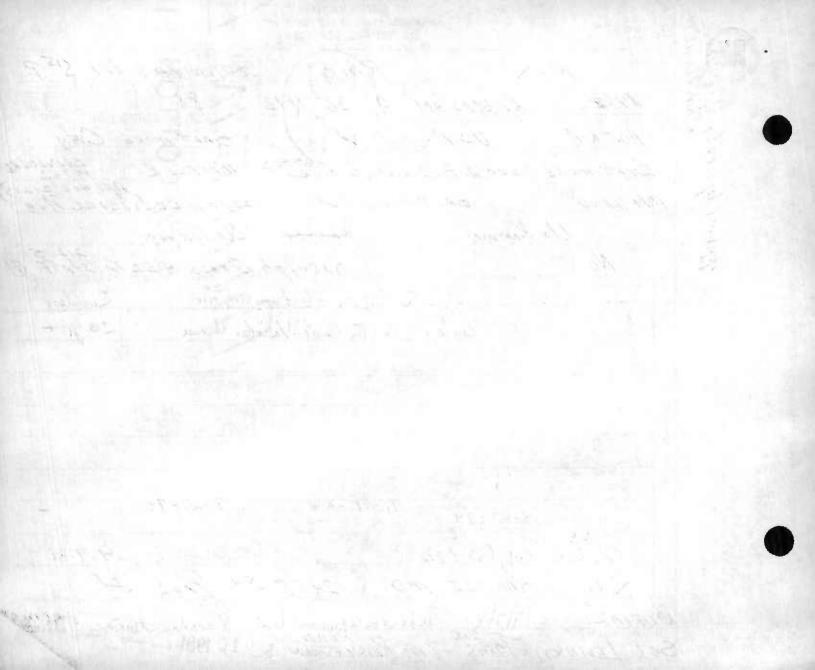
BP.

DHMH - 16 50M 1/81 (VRA 15, 4)

DEPARTMENT OF HEALTH AND MENTAL HYGIENE \* STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2a. DATE OF DEATH 2b. HOUR LIYPE OR PRINTI 700 23 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR BALTIMORE CITY OR COUNTY OF DEATH 126 KIND OF BUSINESS OR INDUSTRY ractory Worker Koad same as above APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO 20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [] 216 HOW INJURY OCCURRED (EN ER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE 22c. DAJE SIGNED (SPECIFY) 9/26/81 Burial Glen Haven Cemetery Glen Burnie, 24 FUNERAL DIRECTOR Glen Burnie, Md. Raymond C. Fink

Without the Winds of the Control of PALE WHITE I IN IT LESS BLANKS The state of the s The state of the s grows as once limits as illustrated as Application to the content of the Annual Con AND LINE SECTION AND ALL SECTI





8		1-	FOR STATE REGISTE
	- C	1 DEC	FACEDA

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR				CERTIF	ICATE OF DEATH		REG. NO.		
•		CEASED NAME	FIRST	N	NODLE	l l	AST	20. DATE OF D		DAY YEAR	2b. HOUR
	LIAME	OR PRINT!	Harry	E.		RINE	CHART	Septem	ber 11,	1981	2:15A M
5	3. SEX	K		RACE	i ficioni	5. DATE C		6 AGE (IN YEAR		MONTHS DATE	
ì		Male	400	Whit	te	Oct	. 30, 1911	69	yrs		HOURS MIN.
-		RTHPLACE (STATE C			WHAT COUNTRY?	8 MARRIE	NEVER MARRIED		CITY OR COUN	NTY OF DEATH	
>		Maryland		U.S.		WIDOWE	DIVORCED	Baltim	ore Cit	У	MD.
8		TY OR TOWN OF D		Maryla	AFACILITY GIVE STREET	DDRESS) H	ospital	174 USUAL OC (TYPE OF WORK FO Ret	CUPATION of MOST OF WORKIN ired	G LIFE) INDUSTRY	OF BUSINESS OR
5		timore n RESIDENCE (IF NO STATE aryland	13b COUNT	OTHER INSTITUTION	Baltimo	4	13d INSIDE CITY LIMITS?	13 STREET AD 13 STREET AD	DRESS <b>eswick</b>	Road (21	211)
	I4 FA	THER'S NAME	M	IDOLE	LAST	F	15. MOTHER'S MAIDEN N	A	AIDDLE		451
			rry F	Rine	hart		May	ry		Hasson	1
		VAS DECEASED EVE		MED FORCES?	166 SOCIAL SECU		17 INFORMANT		ADDRESS		1
		No			217-05-6	912	Mrs. Vivian	Rinehart	-2908 K		
		18 CAUSE OF DEA	ATH (Enter only	one couse per	line for (a), (b), and	diese				BETWEEN	XIMATE INTERVAL ONSET AND DEATH
					espirato	ry A	rrest				
		2030	0		AS A CONSEQUE	NCE OF					
		Conditions, if or gove rise to in		( b) P	neumonia						
			ting the		AS A CONSEQUE						
					ultiple						
	Z	PART 2 OTHER SIG	GNIFICANT CO	ONDITIONS <u>CO</u>	NTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TER	RMINAL DISEASE C	RCONDITION	GIVEN IN PART 1	0
_	ATIC	19a DATE OF OPER	ATION	196 CONDI	DON FOR WHICH	OPERATIO	N WAS PERFORMED	20g AUTOPS	Y? 206 IF	YES, WERE FIND	INGS LISED
2	IFIC	March and		115000				YES TO N		YES T	
	MEDICAL CERTIFICATION	210. ACCIDENT WAS U	INDERLYING	21b. TIME OF			21c. HOW INJURY OCCU				но Ц
	AL	OR CONTRIBUTING	-	HOUR A.A		Y YEAR	CHIEF S				
	DIG	21d. INJURY OCCU	4.7	21e. PLACE C	OF INJURY		21f LOCATION				
	W	WHILE NOT	WHILE D	(AT HOME STRE	ET, FACTORY OFFICE, FA	RM ETC )	STREET		ITY OR TOWN	COUNTY	STATE
		220.1 certify that	(L) (this hospita	l) attended the	deceased from	uly .	19	81 , Sep	tember	11, 81	the (we) lost
		sow the deced	sed alive on	entemb	er 11 19	81 , or	nd that in (🅦 (our) opinio	on death accurred a	n the date and I	hour and from the	causes stated
	1	226. SIGNATURE		view Tile body c	The death.	-	DEGREE			22c DAT	ESIGNED
		Kane	~ つ~	not p	no.		ATTENDING PHYSICIAN		STAFF PHYSICIAN	9-1	1-81
		226 PHYSICIAN'S	NAME (TYPE OR	PRINT)		4	22e ADDRESS		X		

C/O Maryland

DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR.

should be detached for use as the burial-transit permit. Then please remove carban pape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal

IMPORTANT: If Item 21 is marked ar Item 18 shows an

24 FUNERAL DIRECTOR

Karen Trent 230 BURIAL, CREMATION, REMOVAL

Burial

A. Alan Seitz Funeral Home 3818 Roland Ave.

9/14/81

236 DATE

General
23d LOCATION
CITY OR TOW
TOWSON, 231 NAME OF CEMETERY OR CREMATORY Dulaney Valley Mem G

Hospital

Particular of the Company of the Land 12:158 · service fill of . foll Person admidish hmat'v-A . C . U (EISEE) book softwood 8 98 x mort LaR - bmcleney Carry F. Missbart 217-0-572 Hrs. Vivian Ringhart-2908 Keek of Rood January Productions a 16 ff soutestes ft . I . I the distribut Lemma beclyson OVC ..., trant many to Strict 9/16/61 Juliancy Valley Harr D Towner, Balto, Co. Mary Line

A. Alen Deits Funeral Home Jol Holand Ave. 341

a		FOR			DEPAR		OF MARYLAND ALTH AND MENTAL HY	(GIENES	2	3 3	6 9
	-	- STATE REGISTRAR					CATE OF DEATH		REG. NO.		
	金形用)	I. DECEASED NAM	E FIRST	M	NDDLE	O. LAS	ST .	2a DATE C		DAY YEAR	10011
	A Part		George	e 1	N,	Kin	eker Sr		9-	4-81	730 A
	off	3. SEX	1	ACE	11 1	5 DATE OF	BIRTH YEAR	6 AGE III	YEARS LAST BIRTHDAY)	MONTHS DA	
	Poge direct	Jo. BIRTHPLACE	STATE OR FOREIGN 7h	CITIZEN OF V	VHAT COUNTRY	2 8 9 -	19-92	9 BALTIM	ORE CITY OR CO	YRS DEATH	
	Servel Servel	COUNTRY	LTOHR	U 4		MARRIED	NEVER MARRIED DIVORCED	]	Balte	31	<b>u</b>
	the fund within	10. CITY OR TOWN			OSPITAL, NURS	ING HOME OR	OTHER INSTITUTION	12g USUA	ORLER OF WORK	12b KIN	D OF BUSINESS OR
201	S of		TO,	Me	FACILITY, GIVE STREET	Ho	SPITAL	(12/2)	ET IR	CAN	MNFG.CO
MARYLAND 21201	d be in id be	USUAL RESIDENCE	(IF NURSING HORS OF OT	THER INSTITUTION O	GIVE RESIDENCE BEFO 13c. CITY OR TO	WN 11	134 INSIDE CITY LIMITS?	13e. STREE	ADDRESS 21	3, N. Ker	wood Ave
LAN	should should	14 FATHER'S NAME	D		Baltim	ore	YES NOTHER'S MAIDEN N	4	3344-	Hamil	Decree -
IARY	ed with	FIRST		DDLE	PLAST	Lan	FIRST	A	MIDDLE	riedme	LAST
	- 0	160 WAS DECEASE		ED FORCES?	16b SOCIAL SEC	URITY NO.	17. INFORMANT Lut	hervi			
IWO	n ond co	(YES, NO OR UNKN		WAR OR DATES)	218-0	9-8962	Mrs. Lore	tta A	. Vince	nt-119	West-
BALTIMORE,	ysicio opers vol.	18 CAUSE O	F DEATH (Enter only	one couse per l	line for (0), (b), q	ind (e))		٨	bury		ROXIMATE INTERVAL EN ONSET AND DEATH
7	g phy son por remo	PARTI. D	EATH WAS CAUSED		Caro	10100	spiratory	Acre	st	n	ninutes
W. PRESTON ST	endir in, or motic	7888	0	DUE TO, OR	AS A CONSEQU	UENCE OF	Left t	4			John .
PRES	he de emov motic	gove rise	if any, which to immediate stating the	(b)		idure	LEFI	18			whit,
	thot the solution of cre	underlying		DUE TO, OR	AS A CONSEQ	UENCE OF					
DIVISION OF VITAL RECORDS, 201	gne gne sn pl buri		ER SIGNIFICANT CO	NDITIONS CO	NTRIBUTING TO	DEATH BUT N	OT RELATED TO THE TER	MINAL DISEA	SE OR CONDITION	N GIVEN IN PART	1(a
ORD	9 4 4	AND STORY OF	OPERATION	Tigh CONDI	TION FOR WHIC	H OPERATION	WAS PERFORMED	200 AU1	OP5V2   20h	IF YES, WERE FIN	DANCELIEED
L REC	Z See S	E 81	31 81	L	1	Fract	. H	VES (	NOIX	ERTIFYING CAUS	SES OF DEATH?
VITA	Sicre sofe sofe Aygreet Aygree		WAS UNDERLYING	216. TIME OF	INJURY		21c HOW INJURY OCCU	IRRED (ENTERN	LATURE OF INJURY IN ITE		
0	rSiCIAN: Ting physicic certificate uriol-transit Aentol Hygi	OR CONTRIBUTI	ING CAUSE OF DEATH ITIFY MEDICAL EXAMINER)	HOUR BAN		28 198	T-ell	at	home		
SIO	÷ 5 2 2 5 7	(IF EITHER NO 21d, INJURY (	OCCURRED NOT WHILE	21e PLACE C	ET FACTORY, OFFICE	FARM, ETC.)	211. LOCATION STREET		A city on town	A count	STATE
VIO	or offer the se os the marked marked	AT WORK	that (1) (this hospital	1) = 44== d=d 44=	Heme	5	Same a	- ade	9 10	sive,	
	TTEN pitol TOR of He	saw the	deceosed olive on	_1/	19_	81 ond	that in (my) (our spinier	dualh occor	ed by the dete on	d hour and from t	the couses stated
	OR ATTEN  OR ATTEN  OR DIRECTOR  Sched for up  Dept. of He  f hem 21 is	JIII. SIGNATI		view the prody i	O /	7 /	REE	BANKS APPA	HER EN MEDICAL	EXAMINE TAL DA	TE SIGNED ,
		1	Inm	00	No	rell	MI) ATTENDING	MEDICAL DIRECTO	STAFF PHYSICIAN	× 9	14/81
	HOSPITAL HOSPITAL FUNERAL UId be dest on the Stote ORTANT:		S NAME ITH OFF	0.00			22e ADDRESS	0.01	T1920H	Δι	
	TO HOSPITAL TO FUNERAL should be det with the Store		SEMBL		OWELL		MER			710	
010	I BP	230. BURIAL, CREM (SPECIFY) Bul	rial	23b. DATE 9/8/			Redeemer (			al + county	Md. STATE
066	DHMH - 16 50M 1/B1	24 FUNERAL DIREC	TOR John 21	Moran,	Sman	0 * 9	· 25a D	ATE REC'D. BY	REGISTRAR 256 RI	EGISTRAR'S SIGN	TATURE
	(VRA 15, 4)	NAME	3000 E.					a ed	101 Au	w Jan!	lart.
			and time .	E, JA. 21	460						

Carry V. (Lingberg St. 19 appeal Male 19-19-95 38 SECURE VIEW TO THE RESERVE OF THE PERSON O Hamel Constant Consta The stick - pasters to core gio H DASSE 1 A world His later

MIDDLE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO

20 DATE OF DEATH

FOR - STATE REGISTRAR DECEASED NAME (TYPE OR PRINT)

25 HOUR 81 8:00

9 10 6. AGE (IN YEARS LAST BIRTHDAY)

MONTH

DAY

IF UNDER 1 YEAR

126. KIND OF BUSINESS OR INDUSTRY

Pleetwood Aug

Bradlev

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

206 IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

YES [ NO T

COUNTY

COUNTY

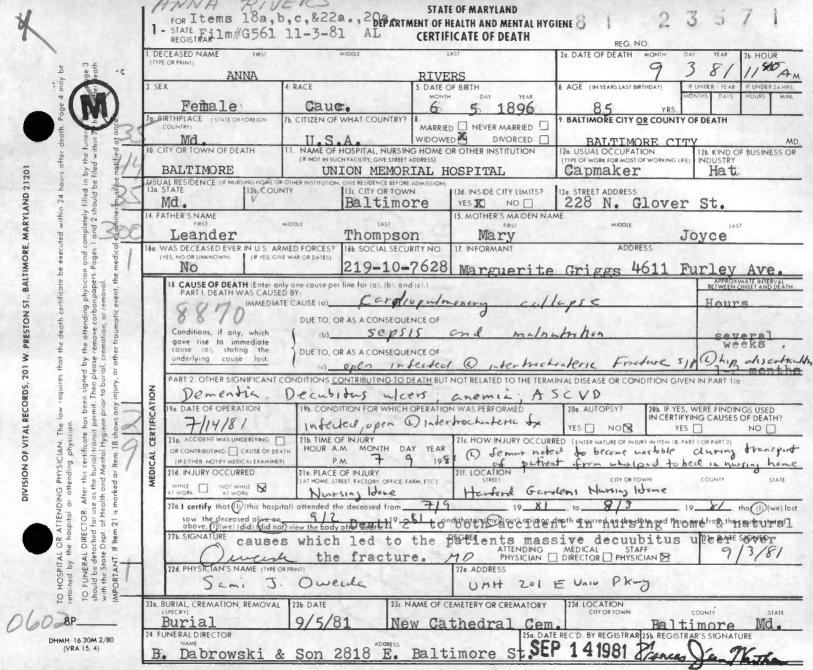
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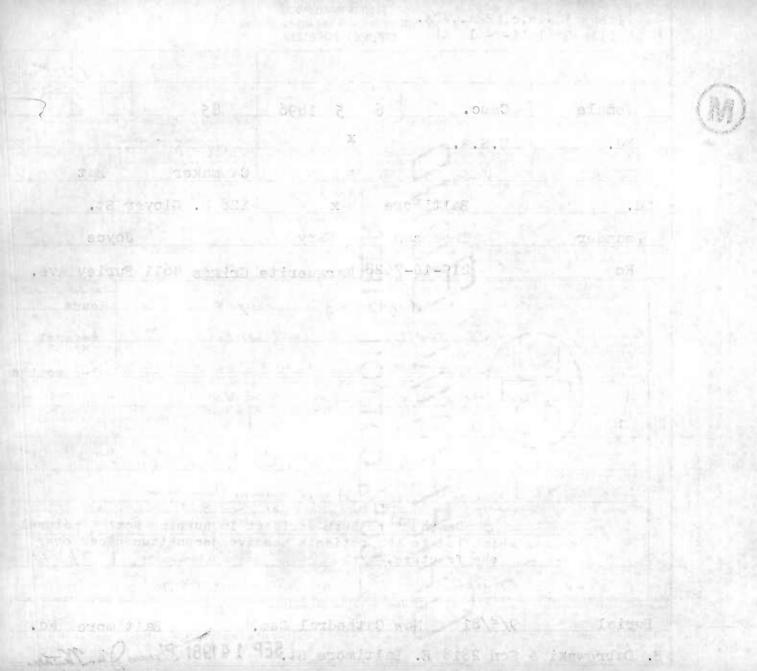
DHMH - 16 50M 1/BI (VRA 15, 4)

24 FUNERAL DIRECTOR

John C. Miller Inc. 6415 Belair Rd.

trade to the first that THE POTENT C. wood Price Tenned William THE PROPERTY OF THE PARTY OF TH Landy browning white fully age had become buy -7/8/80 Interested humanity out to the state of the same of the sales of





William C. March F/H 1101 E. North Ave

- STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

factions from one from old

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1		REGISTRAR				CERTIF	ICATE OF D	EATH	REG.	NO.			
1		CEASED NAME	FIRST	٨	AIDDLE		ASI		20. DATE OF DEATH	нгиом	DAY	YEAR	26 HOUR
			BLAKEL	Y F	RAY	ROBER	SON			9	18	81	8:10A M
	J. SEX	X		4. RACE		5. DATE C		YEAR	6. AGE (IN YEARS LAST	BIRTHDAY)	IF UN	HS DAYS	IF UNDER 24 HRS HOURS MIN.
		MALE		WHI	TE	8	13 30c	22	59	YR			Mile.
1		RTHPLACE (STATE	OR FOREIGN )	b CITIZEN OF	WHAT COUNTRY?	8. MARRIEI	NEVERA	ARRIED -	9 BALTIMORE CITY	OR COU	NTY OF	DEATH	
2		EST VIRGI	NIA	U.S	.A.	WIDOWE		ORCED	BALTIMOR	E CIT	Y		MD
Š	10. CI	ITY OR TOWN OF	DEATH		OSPITAL, NURSIN		R OTHER INST	ITUTION	12a USUAL OCCUP			2b. KIND O	F BUSINESS OR
3		BALTIMORE		AMC, LO	CH RAVEN	, BAL'	TIMORE,	MD	MANOWAY				enator
7		AL RESIDENCE (IF N			GIVE RESIDENCE BEFORE		13d INSIDE CI	TY HALTS?	13e. STREET ADDRES	ς	A	runde	el Corp.
5	N	MARYLAND	Dal	Limore	BALTIMO		YES [	NO 🗍	417 BIGLE		NUE	212	27
5	14 FA	THER'S NAME	N	NDDLE	LAST		15 MOTHER'S	MAIDEN NAM	ME			126	
U	看	MANSABA LO		(IDDIE	ROBERSO	N	MAR		MIDDLE		286	ALOUK .	Kaylon
2.		VAS DECEASED EV		MED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMAL	NT 41	7 Bigley D	bad	Be	alto.	Ma.
		YES	WW I		236 20	9660	Mrs. 1	Mangare	tte R. Rol	ensor	2		21227
		18. CAUSE OF DE	ATH (Enter anly	y one couse per	line for (a), (b), and	d (c).)						BETWEEN	MATE INTERVAL
		PART I. DEATH	I WAS CAUSED	CAUSE (a)	SEPSIS	1.94					1de	42	weeks
		682	2		R AS A CONSEQUE	NCE OF						0	,
		Conditions, if o		(b)	NTRA-A-	DOM	INAL	ABSCE	SS			Lu	veelis
		gave rise to cause (a), sto		DUE TO, OF	R AS A CONSEQUE	NCE OF							
		underlying co-	use lost.	(c)						36			
	,	PART 2 OTHER S	IGNIFICANT CO	ONDITIONS CO	NTRIBUTING TO D	EATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR CO	NOITION	GIVEN II	PART 10	o l
	é		NUMBER				No.						
1	CERTIFICATION	190 DATE OF OPE	RATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFOR	RMED	limited				OF DEATH?
	E			AV. 374.5 G	s halland		In Howen		YES NO		YES X		NO 🗌
1		210. ACCIDENT WAS		HOUR A.A	M. MONTH DA	Y YEAR	TIL HOW IN.	JURY OCCURR	ED (ENTER NATURE OF I	JURY IN ITEM	18, PART 1	OR PART 2)	
	CA	(IF EITHER NOTIFY M	AEDICAL EXAMINER)	P.A		19							
	MEDICAL	21d. INJURY OCC		21e PLACE C	OF INJURY EET, FACTORY, OFFICE, FA	ARM, ETC.)	211. LOCATIO	N	CITY OF	TOWN		COUNTY	STATE
	•	AT WORK	WHILE										A - 1
		22a.1 certify that	X (this hospite	ol) ottended the	deceased fram_			. 19 81	, to SEPTEM		8 19 8		that 🗱 (we) lost
		obove. Wi (we	eased olive an_ e) (did) why not	view the body		OI , an	nd that in (n2K)2Ki	(aur) apinian c	death accurred on the	date and	haur and	I fram the	causes stated
		22b. SIGNATURE		(			DEGREE	TTENIONIC	MEDICAL	A.F.F.	3	22c. DATE	SIGNED
1		COLUMN THE		20 1 W	3)		P	TTENDING PHYSICIAN	MEDICAL S	AFF SICIAN T		9/1	8/81
1		22d. PHYSICIAN'S	NAME (TYPE OR	PRINT)			22e ADDRESS	5					

BP.

TO FUNERAL DIRECTOR: After this

should be detached far use as the burial-transit permit. Then please with the State Dept. of Health and Mental Hygiene prior to burial, cr

IMPORTANT: If Item 21 is

DHMH-16 30M 2/80 (VRA 15, 4)

23a BURIAL, CREMATION, REMOVAL 23b. DATE Burial

FOR

23c. NAME OF CEMETERY OR CREMATORY

Baltimore

3900 LOCH RAVEN BLVD., BALTIMORE, MD 21218 Anné Arundel Md.

24 FUNERAL DIRECTOR Mc ( alty Fr 237 Patapsco Avenue Battimore, Md. 21225

THE CONTROL OF THE PROPERTY OF THE proceedings, it a first that the court A STEEL ASSESSMENT ASS The street are are an external, the 2025 have an order of the contract of the

0	6		FOR STATE				MENT OF	IEALTH		ENTAL HYG	-100	6	3	j	1	0
B		1. DE	REGISTRAR CEASED NAME	FIRST	ME	MIDDLE	EXAMIN	ER'S C	LAST	CATE OF I		REG. N E KNOWN ESTI-		DAY	YEAR	26. HOUR
	ES. ES.			Anth	ony			Ro	berts	5	DEAT	H MATED	9	11	1981	M
	ESSARY, PLEASE ERAL DIRECTOR. DR YOUR FILES. THIN 72 HOURS RESTON STREET,	3 SEX	Ma le	Black	5. DATE OF BIRTH	59	6. AGE IIN YEA	MONTH.		HOURS MI		UNCED	MONTH 9	1 1	YEAR 1981	9:41 P M
Ò	PERSON Y WITH IN YOUR YOUR YOUR YOUR YOUR YOUR YOUR YOUR	7a. в Ва <sup>FC</sup>	RTHPLACE (STA	ATE OR	76. CITIZEN OF W	HAT COUN	ITRY?	MARRIE WIDOWI		VER MARRIED DIVORCED	X	MORECITY Balt <sub>ima</sub>				AAD
			altimor		11. NAME OF HOS	SPITAL, NU CILITY, GNES HOSP I	RSING HOME TREET ADDRESS)	OR OTHE	ER INSTITU	TION 12	g. USUAL OCC FOR MOST OF W	UPATION (T	YPE OF WORK	126. KIN OR	ND OF BU	SINESS
21201	ANY DE AND 3 T RETAIN RECORD	USU/ 13a. S	TATE Md.	F IN NURSING HOME O	OR OTHER INSTITUTION, G	13 CITY Ba	OR TOWN	N)	13d. INSIDE CI	NO 3	709 M	ress. Tford	d Ave	· .		
RE, AD.	ESTA SOL		ATHER'S NAME		MIDDLE	Rober	T'S		15. MOTHE Win	R'S MAIDEN N	NAME	WIDDLE	Rand	lall	LAST	
BALTIMORE, MD. 21201	AFTER DENNE PAGES 1.4	16a. V	VAS DECEASED ES, NO, OR UNKNOV NO	EVER IN U.S. AR	MED FORCES? WAR OR DATES)		66 55		Geor		berts	ADDRES		ord	Ave	э.
RESTON ST., B	O WITHIN 24 HOURS AF PENCIL IN ITEM 18, GIVI MINER ALONG WITH TRANSIT PAGE OR REMOVAL.		963	ATH WAS CAUSE	TE CAUSE (a)	shot			chest	and ab	domen			API BETW	PROXIMATE ZEEN ONSET	INTERVAL AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	GECUTE IG" IN F AL EXA BURIAL AND ME ATION,		cause (a) : lying caus		< ' '		SEQUENCE O		OR CONDITION	N GIVEN IN PART 1	0					
F VITAL RECO	S CERTIFICATE SHOULD BE ED RITING THE WORD "PENDIN SDED TO THE CHIEF MEDIC ES 3 SHOULD BE USED AS AT ED ED SEPARTIMENT OF HEALTH OF PRIOR TO BURIAL, CREM	CERTIFICATION	19a DATE OF		196 CONDI		WHICH OPER				ENTER NATURE OF	INJURY IN ITEM 1	B PART 1 OR PA	Y	UTOPSY?	NO []
IVISION O	CERTIFICAL TING THE SED TO TH 3 SHOULD DEPARTME	MEDICALC	214 INTURY O	OR CAUSE OF	DEATH 9 P.M 21e PLACE STREET, FAC	OF INJURY TORY, FARM, E		211 LOC	Subject EATION TREET	ct shot	CITY OR	TOWN	co	DUNTY		STATE
•	TO MEDICAL EXAMINER: THIS CER EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 SAFIER DEATH, WITH THE STATE DEB BALTIMORE, MARYLAND, 21201 PR	*	WHILE AT WORK  22a. I certify death result  ACTUAL SIGNATURE	hat I taak charg	ge of the remains de	cribed abo	ive, held an	Autops de,	Hamic	Inspection C	In AVE, Inquir	Balto.	and in my al	pinian	/12/8	MD.
	TO MEDIC EXECUTE PAGE 4 S TO FUNEI AFTER DE BALTIMOR	73n R	EXAMINER'S N (TYPE OR PRIN	NAME Tho	mas D. Sn		M.D.		ADDRESS		nn St.		to., N			
2841	BP	24. F	Burial UNERAL DIRECT	FOR	9/16/81 ADDRESS	<u> </u>	ing Me	mori	ial F		Balto D. BY REGIST	. M	d .			ATE
	(VR A15 ME (5) ) 15M 2/80	LE	ROY O.	DYETT	4600 L	BERI	CY HEI	GHTS	AVE	061 7	0 1001		0	The same	School	

7 ave enoill a dress of in the second se

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	REG. NO.				
	20 DATE OF DEATH MONTH 2	EL	YEAR	26 HOL	JR
	09-27	-81		6:05	pm
	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDE	RIYEAR	IF UNDER	24 HR
)	8 2_ YRS.	MONTHS	DAYS	HOURS	Wil

SEP 25 1981 Carres Jan Market

3

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A	)	ude
J	y	d v
-		90
	N	N)

FOR STATE

REGISTRAR

medical exomines most be realitied at any TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funes should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled within 77 with the State Dept. of Health and Mental Hygiene prior to burial, cremanan, ar remaval. IMPORTANT: If Item 21 is marked ar Item 18 shows any injury, ar other troumatic event, the

etoined by the haspital or attending physician BP. J. G. CO

(TYI	PE OR PRINT)				24					
	VERNON		R	OBERTS		09-22	-81	6:05pm M		
3. SI	EX 4	. RACE	5. DATE C	F BIRTH	6. AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 24 HRS		
	my	w	MONTH	c/19/98	82	YRS.	ONTHS DAYS	HOURS MIN.		
PIL E	BIRTHPLACE (STATE OR FOREIGN 71	CITIZEN OF WHAT COUNTRY?	8.	the same of	9 BALTIMORE CITY O		OF DEATH			
	MD	USA	WIDOWE	DI NEVER MARRIED U	BAITE	C	174	MD.		
J0 (	CITY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NURSIN	G HOME C		120 USUAL OCCUPATE			OF BUSINESS OR		
	BALTO X	CHUNCH CHUNCH	4051	P	(TYPE OF WORK FOR MOST O		INDUSTRY			
130.	JAT RESIDENCE (IF NURSING HOME OR O STATE NO COUNT	Y 13c CITY OR TOW	V		13e STREET ADDRESS	1-1=	Om Ad	HU R		
114 6	ATHER'S NAME	LITO DUNG	MAK	YES NO NO I	219	D K	1/1/1/10	HILL		
5		ROBERTS		FANN (	MIDDLE		UNIT	ST		
	WAS DECEASED EVER IN U.S. ARM		RITY NO.	17 INFORMANT	ADDRE	SS				
	(YES, NO OR UNKNOWN) (IF YES, GIVE Y	216 32 G	105	ARABE VO	TE ROB.	ER75	321	ABONZ.		
	18 CAUSE OF DEATH (Enter only PART ), DEATH WAS CAUSED	one couse per line for (a), (b), and	(c),)				BETWEEN	ONSET AND DEATH		
	IMMEDIATE	CAUSE (0) CARDIO RES	PIRAJ	ORY ARREST						
	4960	DUE TO, OR AS A CONSEQUE	NCE OF L	TIVE DU MONAD	V DICEACE					
	Conditions, if any, which	DUE TO, CHRONICE OF	STRUC	TIVE PULMUNAR	A DISEASE					
	gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUE	NCF OF							
	underlying couse lost	(c)								
NO	PART 2. OTHER SIGNIFICANT CO RESPIRATORY	FAILURE	EATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE OR CON	DITION GIVE	N IN PART 1	0,		
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION	N WAS PERFORMED	20a. AUTOPSY?		WERE FINDIN			
I					YES T NOT	IN CERTIFY YES	ING CAUSES	OF DEATH?		
# H	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c HOW INJURY OCCURRE						
¥	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DA	Y YEAR							
MEDIC	21d. INJURY OCCURRED	21e. PLACE OF INJURY	19	21f LOCATION						
¥	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FA	RM, ETC )	STREET	CITY OR TO	WN	COUNTY	STATE		
	220.1 certify that (I) (this haspital	) attended the deceased from	-05-0	8- 1981	+-00 00	1	0.01	Ab a // (con land		
	sow the deceased alive on_	<u> 09-22- 19 8</u>		d that in (my) (aur) apinian di	, to <mark>09-22_</mark> eath occurred an the do			that (I) (we) lost		
	obave, (I) (we) (did) (did not)  22b. SIGN (TURE	view the body ofter death.		DEGREE			ZZL DATE	-		
	1. 16 mln	Lam )		ATTENDING	MEDICAL STAF	F	0	Toller		
1	22d. PHYSICIAN'S NAME (TYPE OR F	PRINT)			DIRECTOR PHYSIC		TTON	07/01		
				22e. ADDRESS CHURCH				201001		
000	DR. V. BALAKRIV				WAY BALTIMO	KE, M/	KYLANL	021231		
230.	BURIAL, CREMATION, REMOVAL	236. DATE 23c. N	12 .	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	1-37	COUNTY	STATE		
	BURIAL	7~981	HILL	TWOOD	134170	7. "	MD.			

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DHMH - 16 50M 1/81 (VRA 15, 4)

O HOSPITAL OR ATTENDING PHYSICIAN: The law

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BP. DHMH-16 30M 2/80 (VRA 15, 4)

IMPORTANT: If them 21 is marked ar them 18 shows ony injury, ar other traumatic event, the

NAME

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FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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н	DAY	YEAR	26 HC	ÜR	

	REGISTRAR		C	KITICALE OF D	EAIR	REG. NO	٥.		
	DECEASED NAME FIRST	MI	DDLE	LAST		20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
Ľ	' Baby	Boy/Bon	nie Role	k		09/13/	'81		10:50F
3.	SEX	4 RACE	5. (	DATE OF BIRTH		6. AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS
	Male	White		09 10	YEAR 81		YRS.	DAYS DAYS	HOURS MIN.
70.	BIRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF W	HAT COUNTRY? 8.	ARRIED NEVER A	T.C.	9. BALTIMORE CITY O		FDEATH	
	Baltimore	USA			ORCED	Balto	City		MD.
	CITY OR TOWN OF DEATH	11. NAME OF HO	OSPITAL, NURSING H	OME OR OTHER INST	ITUTION	120. USUAL OCCUPATI		126 KIND C	OF BUSINESS OR
	Baltimore	The	Johns Ho	pkins Ho	spital	(TTPE OF WORK FOR MOST O	P WORKING (IPE)	INDUSTRI	
U	SUAL RESIDENCE (IF NURSING HOME ) STATE	FOR OTHER INSTITUTION G				13e STREET ADDRESS			
	Baltimore /	BALLO	City	YES X			ec Cir	ccle	
	FATHER'S NAME	WIDDLE	LAST		MAIDENNAM			LAS	
1	John Rolek	MIDDLE	LAST		nie	MIDDLE		LAS	51
160	WAS DECEASED EVER IN U.S.	ARMED FORCES? 1	66 SOCIAL SECURITY			ADDRE	SS		P
١.		NO	None	Bor	nie R	olek			
F	18. CAUSE OF DEATH (Enter	only one couse per li	ne for (o), (b), and (c).			4		BETWEEN	ONSET AND DEATH
Г	PART I. DEATH WAS CAU	JSED BY: DIATE CAUSE (a)	and io-	nesona	tory.	Lacleer	2)	9/13/	81 4:000m
	7732		AS A CONSEQUENCE	OF . A		0. 1.			
	Conditions, if ony, which	( (b)	erethre	oblastos	sis o	Letales		9/10/1	Ble birth
	gove rise to immediate couse (0), stating the	DUE TO OR	AS A CONSEQUENCE	OF			4 1 1	)	
	underlying cause lost.	((c)							-
l _	PART 2 OTHER SIGNIFICAN	T CONDITIONS CON	TRIBUTING TO DEAT	H BUT NOT RELATED	TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 1	03
CERTIFICATION									
A	190 DATE OF OPERATION	196. CONDIT	ON FOR WHICH OPE	RATION WAS PERFO	RMED	20a AUTOPSY?	20b. IF YES, V IN CERTIFYIN		
H						YES NO	YES [		NO 🗌
	00.00.00.00.00.00	110110 111	INJURY , MONTH DAY	YEAR 21c HOW IN	JURY OCCURR	ED (ENTER NATURE OF INJUI	EY IN ITEM 18 PART	1 OR PART 2)	
1	(IF EITHER NOTIFY MEDICAL EXAM	DENTH		19				100	
MEDICAL	21d. INJURY OCCURRED	21e. PLACE O	F INJURY	21f. LOCATIC STREET	N	CITY OR TO	WN	COUNTY	STATE
1	AT WORK AT WORK	100							
	229 I certify that (I) (this ha		deceased from 8 •		, 19.8				that (I) (we) last
	sow the deceased alive above, (1) ( <del></del>	on 4/13/8	ter death.	, and that in (my)	(our) opinion o	death occurred on the de	ate and hour o	nd from the	couses stated
	22b. SIGNATURE	00		DEGREE	TIENDING	MEDICAL STAT		22c. DATE	SIGNED
	Kenee	4. Cou	sens, M	0	TTENDING PHYSICIAN [	MEDICAL STAF		19/1	3/81
	226. PHYSICIAN'S NAME (TY	PE OR PRINT)		22e ADDRES	S				
	Kenee A.	Cousins	5	JHH.	601 1	4. Broadw	ay B	alt., N	1d 21205
23	BURIAL, CREMATION, REMOV	AL 23b. DATE		E OF CEMETERY OR		23d LOCATION		OUNT	STATE
	Cremation	9/17/	81 Joh	ns Hopkir		Baltim		Md	
2.4	FLINEDAL DIDECTOR				250 DATE	-PEC'D. BY PEGISTRAP	254 PROTESTRA	CEICINAT	A CARDON

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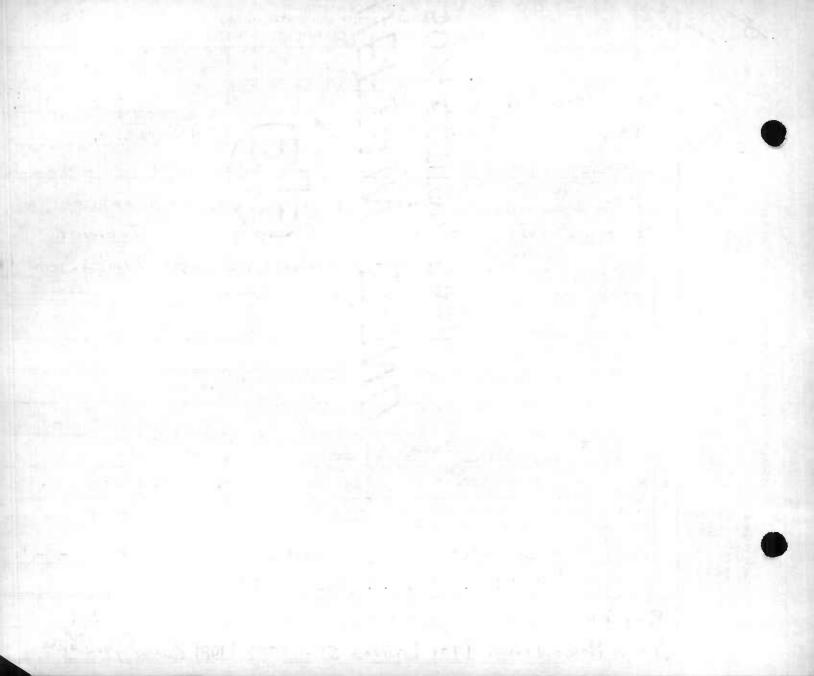
Walter Dabrowski

DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 70. DATE OF DEATH MONTH DAY YEAR 26 HOUR ANN ROMOSER 81 9 6:50 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS. BALTIMORE CITY OR COUNTY OF DEATH Baltimore City 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY house-wife home 6700 Bowleys Lane Seachrist ADDRESS Joseph H. Romoser, Jr. 6700 Bowleys Lane 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ NO [ 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OF TOWN COUNTY STATE and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED DIRECTOR PHYSICIAN CORPORATION Baltimore Maryland 1005 Dundalk Avenue

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amer salv-senor	meeb hospitest		rontslan
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Jalana Soloma St.	ichicali		Koll
1 g. Nowalle, Jr. 700 Bonkis And	LL 40 1749 Joseph		
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5	1-	FOR STATE REGISTRAR	a-22a F		EPART	/ Ö⊥ISTA1 MENT OF I EXAMIN	HEALTH	AND MI	ENTAL H	100	H 00	2 3 G. NO.	3 5	1	9
avi\$E	1. DEC	CEASED NAME E OR PRINT)	FIRST		WIDDLE			rie		2a.	DATE KNOV OF ESTI	VN XX MOR			2b. HOUR
Sylven	3-SEX	lale	Black	5. DATE OF BIRTH	YEAR 59	6. AGE (IN YEA LAST BIRTHDA 21 YR	ARS IF UN	DER 1 YR.	IF UNDER		DATE DNOUNCED DEAD	MON		YEAR	12:32 a.m
		REIGN COUNTRY	OR	76. CITIZEN OF WE	A.	TRY?	8. MARRI WIDOW		VER MARRI DIVORCI	ED 🛄	Baltimore of	_		DEATH	MD.
N S S S S S S S S S S S S S S S S S S S		Baltimor	e		imbar	treet address)	enue	er institu	TION	FOR MOS	OCCUPATIO TOF WORKING LIF Tod 1 A	FE)	(	IND OF BU OR INDUST	SINESS RY STATE
SECONID SECONID	T3a S		N NURSING HOME O	R OTHER INSTITUTION, GIV TY		OR TOWN		13d. INSIDE CI YES 💢	NO [	13e. STREET	ADDRESS 7 DH	mba	RTO	~	
300	)	Thom!		MIDDLE .	Ro	1 1		E	R'S MAIDE IRST Vely	NNAME	MIDDLE		OM	LAST	
WITH FORM	16a. V (YI	AS DECEASED E	VER IN U.S. ARA (IF YES, GIVE Y AFTER	WAR OR DATES}	219	- 16-49	53	Evel.	YN R	ORIE	649	Dy	mba	RID	7
WARDED TO THE CHIEF MEDICAL EXAMINER ALONG WIT AGGE 3 SHOULD BE USED AS BURIAL - TRANSI PERMIT. P STATE DEPARTMENT OF HEALTH AND MENTAL HYGIPERE, DIN 2, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	NO	gave rise cause (a) sto lying cause		ote / (b)											
CHIEF WE USED A:	CERTIFICATION	19a DATE OF OI	PERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?						20	AUTOPSY	NO []			
TE DEPARTMENT SOI PRIOR TO BU		21a EXTERNAL OUNDERLYING	OR	216. TIME OF HOUR A.M DEATH 12:20	MONTH	24/, 81					accide			4.4	
ATE DEPA	MEDICAL	21d INJURY OCCUMENTS OF AT WORK		21e PLACE C				PEDumb	partor	a Ave:	ITY OR TOWN B	altimo	Legunta	Md	STATE
TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 2120	-	27a   certify the death resulted   ACTUAL   SIGNATURE   EXAMINER'S NA	Lugen ME Vi	rginia L.	Accident	X, Su	Autap	, Hamic	istan	Undeterm	Inquiry , ined manner	D.	ny apinian ATE IGNED	9-24	81
A D A B A D A B A D A B A D A B A D A B A D A B A D A B A D A B A D A D	23a.B	Surial CREMATIC		3b. DATE 9-29-81	23c.	rame of CEA	METERYO	4:11			7/10,		COUNTY	d.	ATE
HMH - 17 A15 ME (5) )	24 FI	NAME A. A. M	PORTON	+ JONS ADDRESS	701	Laure	ens.	ST.	SFP	28 19	GISTRAR 256	LINCO	Can /	Nath	w A



BROS BALTIMORE, MD. (21215)

STATE

DHMH - 16 50M 1/81

(VRA 15, 4)

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

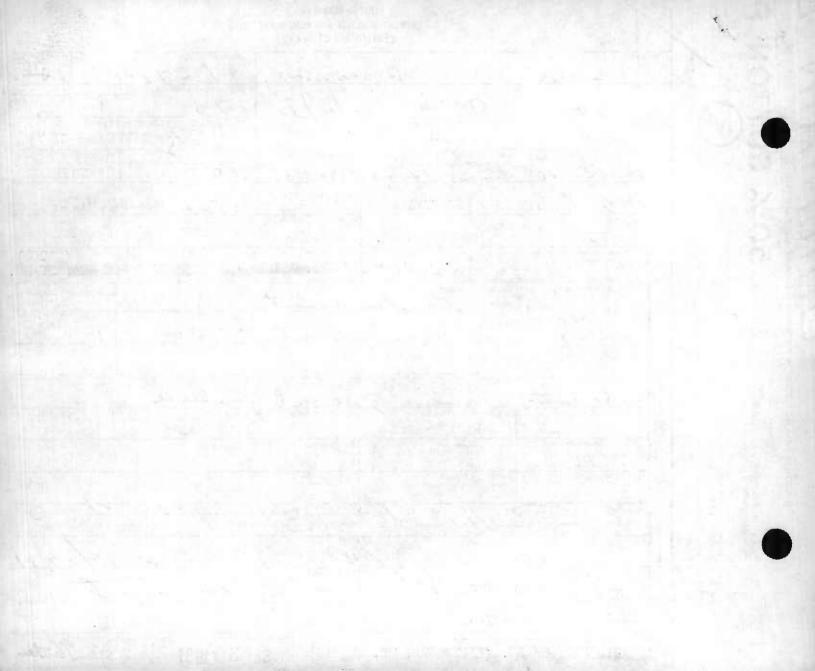
IF UNDER 24 MRS

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STATE



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO L DECEASED NAME 20. DATE KNOWN 7h HOUR (TYPE OR PRINT) OF ESTI-**FLLIOTI** ROSS DEATH MATED 9 19 8 PRESTON STREET 3 SEX 4 RACE DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR DATE YEAR LAST BIRTHDAY) PRONOUNCED :54 10 81 9 DEAD male negro 5 25 63 1 CITIZEN OF WHAT COUNTRY? 18 ам ₹a. BIRTHPLACE MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY ALED, W WIDOWED DIVORCED II.S Baltimore City Balto. Md 10. CITY OR TOWN OF DEATH TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 48 THOUS OF THE SECTION OF THE PROCESS 1, 2 AND TOTHE PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDIDING" IN PENGLI IN TEM 18. GIVE PAGES 1, 2 AND TOTHE PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3 BETAIN PAGE TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION ON TALRECORDS, 201 V BALLIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. II NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 17h KIND OF BUSINESS FOR MOST OF WORKING LIFE OR INDUSTRY University Hospital Baltimore Student USUAL RESIDENCE (IF IN NURSING HI 130. STATE 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Md. Balto Randallstown YES NO [ 8819 Sonva Rd 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST LAST Elliott Ross Natalie Price 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT ADDRESS (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES 2170 Elliott P. Ross 8819 Sonva Rd 216 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Cranio-cerebral trauma DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 190. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO [ 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 1:25 KMX 9-7-Driver in auto/fixed object impact. 19 8 214 INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 211 LOCATION STREET, FACTORY, FARM ETC. of Randallstown, Balto. Md. NOT WHILE AT WORK iberty Rd. road Brook Ra 22a. I certify that I took charge of the remains described above, held an Inspection and in my apinian Accident X Suicide Undetermined monner death resulted fram-Notural causes Homicide TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER 9-7-81 SIGNATURE Ann M. Dixon, M.D. EXAMINER'S NAME 111 Penn St. (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 23b, DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY COUNTY STATE (SPECIFY) Burial 9/11/81 136 DATE REC'D. BY REGISTRAR 1356 REGISTRAR'S SIGNATURE
SEP 8 1981 BP 24 FUNERAL DIRECTOR **DHMH-17** 1981 (VR A15 ME (5) Jas. A. Morton & Sons 1701 Laurens St 15M 2/80

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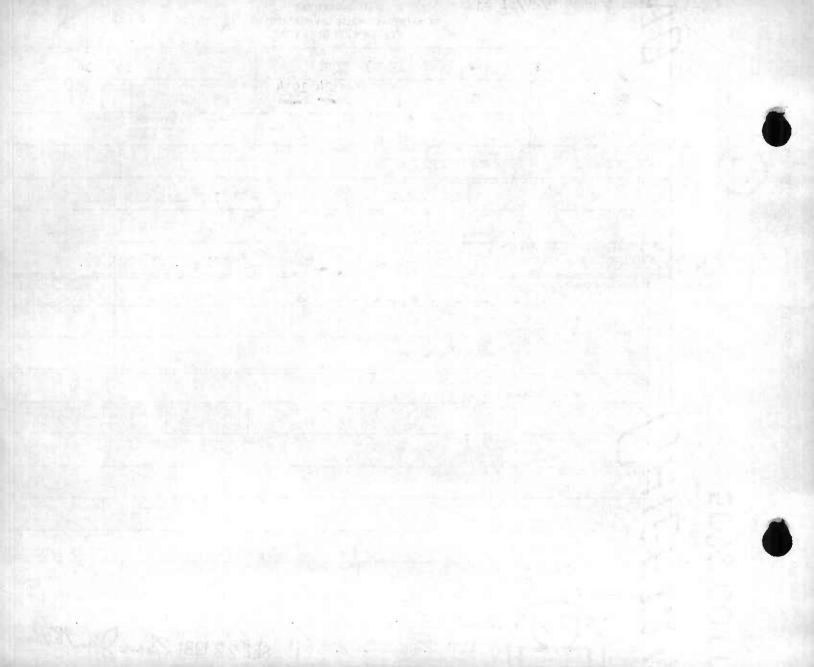
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Jan. A. Corton & Song 1701 Laurenn St. Sel a 1981 Street Ling Total

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dector, page 3	1. DI	FOR - STATE REGISTRAR  ECEASED NAME FIRST PARM  PARM	IE	MIDDLE	HEALTH AND MENTAL HYO FICATE OF DEATH	REG. N	O. MONTH DAY	YEAR 2b. HOU
d ector, page 3	(1A)		IE.					YEAR 2h HOLL
d ector, page 3		PARM	IE	(OT TITTE)				
l di ector. p	3. SI			(OLIVER)			9 24	34
28		Female	4 RACE	lack 5. DATE	OF BIRTH24 1934	6 AGE (IN YEARS LAST BIR	THDAY) IF UI	NDER I YEAR IF UNDER
1 12		ALTIMORE, MD		WHAT COUNTRY? 8.  MARRII WIDOW	NEVER MARRIED DIVORCED D	9 BALTIMORE CITY O BALTOMOR	R COUNTY OF	DEATH
X 80	1	BALTIMORE	(IF NOT IN AU	HOSPITAL, NURSING HOME 581 FREEDOMWAY	OR OTHER INSTITUTION	128. USUAL OCCUPATI		126 KIND OF BUSINE
12		MD	OR OTHER INSTITUTION JNTY	BALTIMORE	13d INSIDE CITY LIMITS?	4681 FREE	DOMWAY I	WEST
and in the state of the state o	14.F	ATHER'S NAME CICERO	WBDLE	MAYNARD	LYNETTE	WE		DÖLES
Pages 1		WAS DECEASED EVER IN U.S. A	RMED FORCES?  GIVE WAR OR DATES)	166 SOCIAL SECURITY NO. 212-30-6947	17 INFORMANT ETHEL GARL	AND 2715 E.		L ST.
signed by the ottending en pleose remove carbo burial, cremation, or re ury, or other traumatic e	z	Canditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT	DUE TO, O	OR AS A CONSEQUENCE OF	TENSINE CO	his use		Many yEa
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this certificate e buriol-transit d Mental Hygical documents of the decision o	MEDICAL CER	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOT WHILE	EATH HOUR A. ER) P. 21e. PLACE	M. MONTH DAY YEAR M. 19	211. LOCATION STREET	RED (ENTER NATURE OF INJUR		OR PART 2)  COUNTY ST
detoched for use as tote Dept. of Health o NT: If Hem 21 is mark		220.1 certify that (1) (this hose sow the deceased alive above (1) (we') (did)((did no 22b. SIGNATURE)	of Hew the body		nd that in (my) (aur) apinion DEGREE ATTENDING PHYSICIAN			d Irom the couses sto  22c DATE SIGNED  9-21-87
TASSE		22d. PHYSICIAN'S NAME (TYP)	TONNS	24	27: ADDRESS 2444 6.	Bidle S	FreeL	6-163, MI
should be o with the Ste	-	JOHN			/ /		1	
TO FU should with the IMPOR	230	BURIAL, CREMATION, REMOVA (SPECIFY)  BURIAL		23¢ NAME OF C	CEMETERY OR CREMATORY LVARY CEM.	23d LOCATION CITY OF TOWN ANNE AR	IINDET	CO. MI



STATE OF MARYLAND

W. C. MARCH F/H 1101 E. NORTHSAVE.

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DHMH - 16 50M 1/81

(VRA 15, 4)

REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

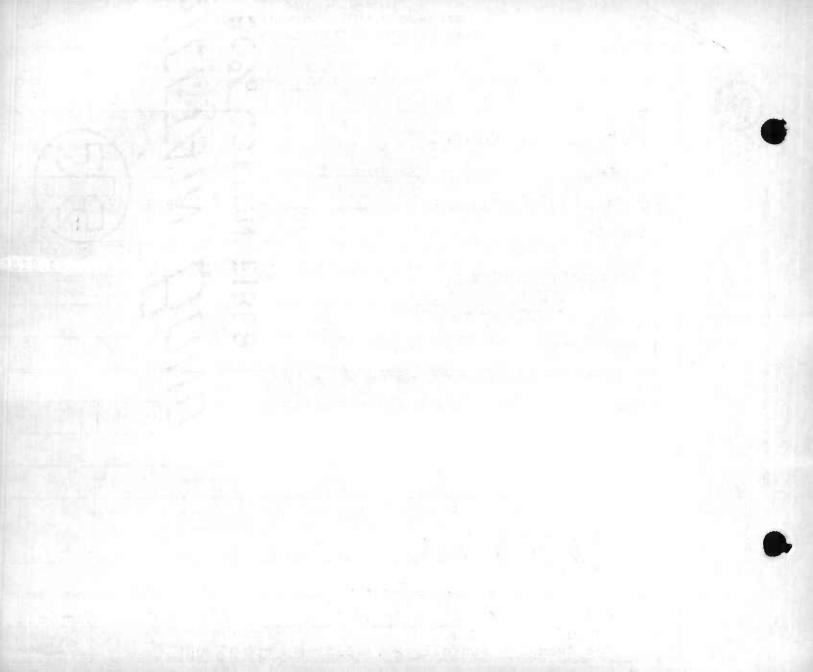
CERTIFICATE OF DEATH

REG. NO

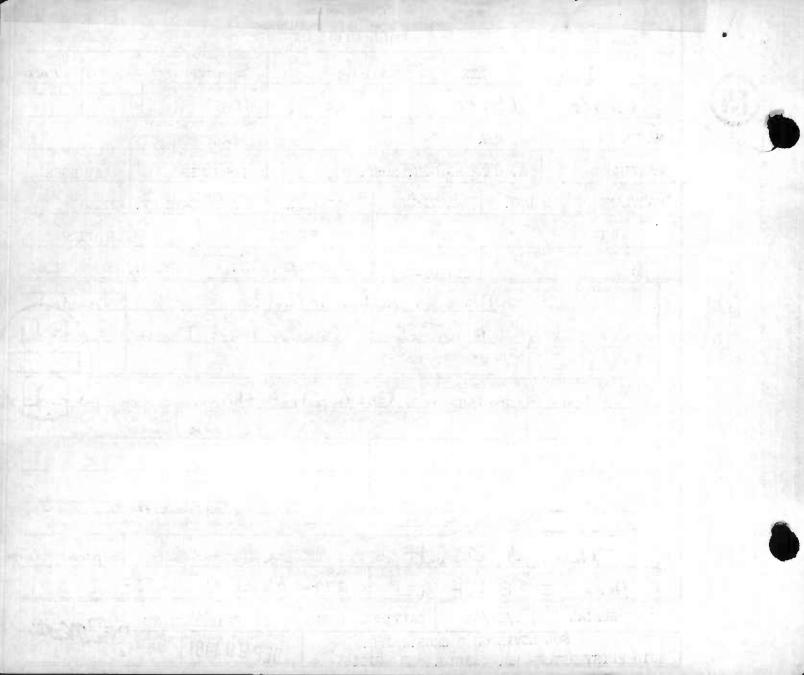
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN COURT CONTRACTO ESTI-RUFFNER CONNIE Diane DEATH MATED 9-20-8 19 4 RACE 5 DATE OF BIRTH IF UNDER 24 HRS 2d. HOUR : 52 DATE LAST BIRTHDAY) PRONOUNCED 26 DEAD 13 55 9-20-810 white female 70 BIRTHPLACE (S 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIEDATA Maryland U.S.A. DIVORCED Baltimore City 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a, USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY Dependant Baltimore City Hospital 1136 COUNTY 13a. STATE 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? Baltimore Dundalk Maryland NO D 1975 Snyder Avenue 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST FIRST Ruffner Francis Helen Campbell 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 7. INFORMANT ADDRESS1975 Snyder Ave (YES, NO. OR UNKNOWN) Balto., MD. 21222 220-74-3683 Francis Ruffner 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY Seizure disorder IMMEDIATE CAUSE (a)\_\_\_ DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 g 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 70 AUTOPSY? DEPARTMENT OF H PRIOR TO BURIAL YES W NO [ 71a EXTERNAL CAUSE WAS 216. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 2H LOCATION STREET, FACTORY, FARM, ETC.1 STREET CITY OR TOWN COUNTY WHILE NOT WHILE PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2 Autopsy XX 22a. I certify that I took charge of the remains described above, held an Inspection Inquiry and in my apinian Natural causes XX Suicide Hamicide Undetermined manner TITLE (SPECIFY) DATE 9-21-81 Assistant SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME 111 Penn Street Margarita A Korell M.D. ADDRESS 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 236, DATE Burial White Marsh 9/24/1981 Holly Hill Maruland 74 FUNERAL DIRECTOR Duda-Ruck, ADDRESSIC. 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH-17** 7922 Wise Avenue Dundalk. MD. 21222 (VR A15 ME (5)) 15M 2/80



STATE OF MARYLAND



· V	1.	FOR - STATE REGISTRAR	DEF	PARTMENT OF	STATE OF MARYLAND RETMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH  REG. NO.							
/		CEASED NAME FIRST	WIODIE		AST	20 DATE OF DEATH		YEAR 26 HOUR				
y be oge 3 deoth		Dora	Sako1sk	у		9/10/81		12.20AMM				
ter o	3. SE	X	4 RACE	5. DATE (		6 AGE (IN YEARS LAST	BIRTHDAY) IF UNDE	RIYEAR IF UNDER 24 HRS. DAYS HOURS MIN.				
- 0 00 m		F EMALE	W HITE		07/80	101	YRS.	DATS ROOKS MIN.				
<b>9</b> 35	1	IRTHPLACE (STATE OR FOREIGN COUNTRY) MARYLAND	76. CITIZEN OF WHAT COUN	MARRIE WIDOWE	D NEVER MARRIED	WHY I	OR COUNTY OF DE	ATH MD.				
W 70		Baltimore	Midtown Hom	STREET ADDRESS]	PR OTHER INSTITUTION	12a USUAL OCCUPA	TION 12b. TOF WORKING LIFE) IND	KIND OF BUSINESS OR DUSTRY NONE				
AND 2172	13a	AL RESIDENCE (IF NURSING HOME DISTATE 13b. CO'UI	NTY 13c CITY OF		13d. INSIDE CITY LIMIT YES XX NO [	5? 13e STREET ADDRESS 2035 W.NC		- 3RD FL. #21217				
ompletel ompletel		SAMUEL		KOLSKY	15. MOTHER'S MAIDEN	THA		NOWN				
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 INC. PHYSICIAND 1120 INC. PHYSICIAN. The low requires that the death certificate be executed within 21 hear of the death certificate be executed within 21 hear of the this death of the principle physician and completely little that os the buriol-transit permit. Then please remove corbanopers. Pages 1 and 2 should be not a more principle buriol, cremation, ar removal.  The property of the property of the present of the medical examination or the death of the property	NO	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last	DUE TO, OR AS A CON-	Foliage SELENCE OF	oscleptic 1 of Co. NOT RELATED TO THE	Cordiova of the br	c Deep eath	PART No				
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R ATTENDI haspital or IRECTOR: A hed for use ept. of Heol		27a. I certify that (I) (this hospi sow the deceased alive an above, (I) (we) and (d.d. no 27b. SIGNATURE	44 / / 4	_19 <b>8</b> _/, ai	d that in (my) (aur) opin	, ta, nion death accurred an the	date and hour and fr	, that (I) (we) last rom the causes stated				
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STATE OF MARYLAND

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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## [TYPE OR PRINT] William F. Sauer Xevic 3. SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) June 3,DAY1892EAR Male White . BIRTHPLACE I STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? & BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY Baltimoreu 10 U.S.A WIDOWED DIVORCED Baltimore City 10 CUX-OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION by the (TYPE OF WORK FOR MOST OF WORKING LIFE) PRESTON ST., BALTIMORE, MARYLAND 212D Mercy Hospital Catholic Priest USUAL RESIDENCE (IF NURSING HOME INSTITUTION GIVE RESIDENCE BEFORE A 13c. CITY OR TOWN 13d. INSIDE RITY LIMITS? 3e STREET ADDRESS Mare Towson Stella Maris Hospice 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE FRANCUS 4 Jech 160 WAS DECEASED EVER IN U.S. ARMED FORCES ADDRESS 166 SOCIAL SECURITY NO 17 INFORMANT IYES NO OR UNKNOWNI LIF YES, GIVE WAR OR DATEST No 220-44-2752 Arthur L Rhoads 15 N. Rolling Road Balto 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF DIVISION OF VITAL RECORDS, 201 W. underlying cause last 0 ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 PART 2 OTHER SIGNIFICANT CONDITIONS C CERTIFICATION 206. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NON Hygu 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Mentol MEDICAL HE EITHER NOTIFY MEDICAL EXAMINER P.M ö 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OF TOWN STREET (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WOR 220.1 certify that (1) (this haspital) attended the deceased from sow the deceased olive an. and that in (my) (aur) opinion death accurred an the date and haur and from the causes stated abave, (1) (we) (did) (did nat) view the bady after death 22b. SIGNATURE < DEGREE ATTENDING MEDICAL STAFF Stote [ PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 22d PHYSICIAN'S NAME TYPE OFFERHALL 22e ADDRESS ld be 230 BURIAL, CREMATION, REMOVAL 231 NAME OF CEMETERY OR CREMATORY 236 DATE 23d LOCATION CITY OR TOWN Burial BP. Septl2, 81 Holy Redeemer Cem Baltimore

ADDRESS 7110 Belair Road

Baltimore, Md

FOR

REGISTRAR

DECEASED NAME

24 FUNERAL DIRECTOR

NAME Dippel Funeral Homes, Inc.

DHMH - 16 50M 1/B1

(VRA 15, 4)

- STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

20. DATE OF DEATH

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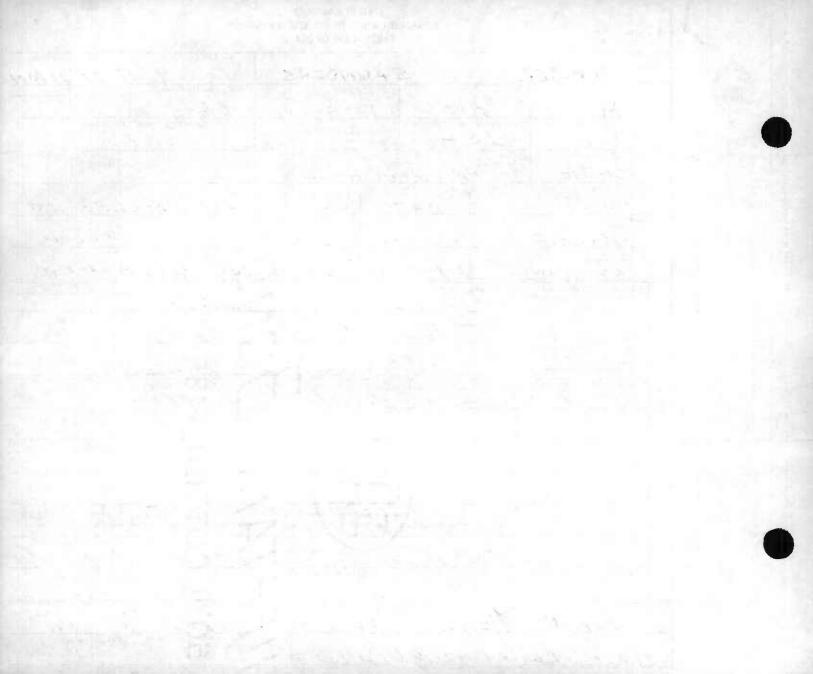
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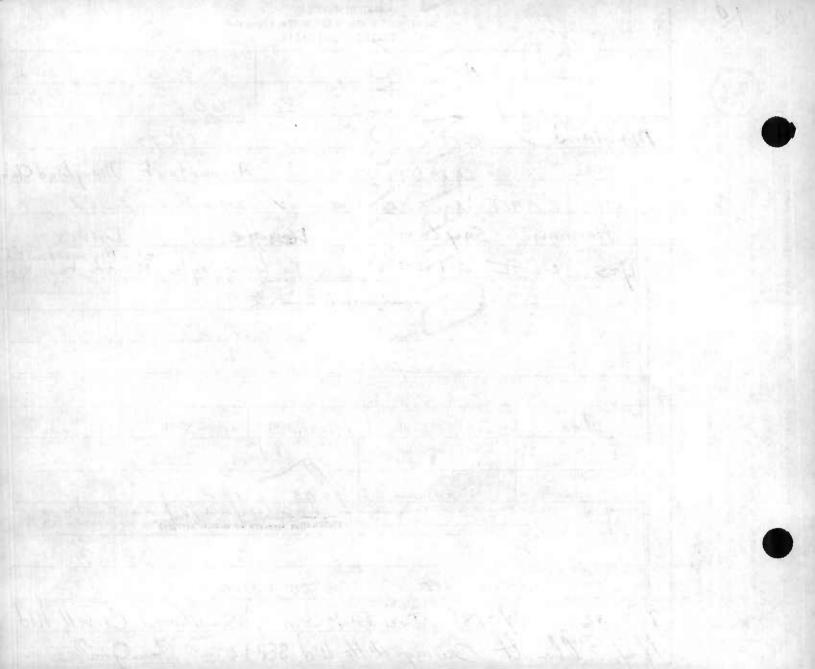
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	g physicic sonpopers removal.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA	only one couse per line for ( ED BY. ATE CAUSE (0)	cerdia,	eul aver	t		CIMATE INTERVAL ONSET AND DEATH
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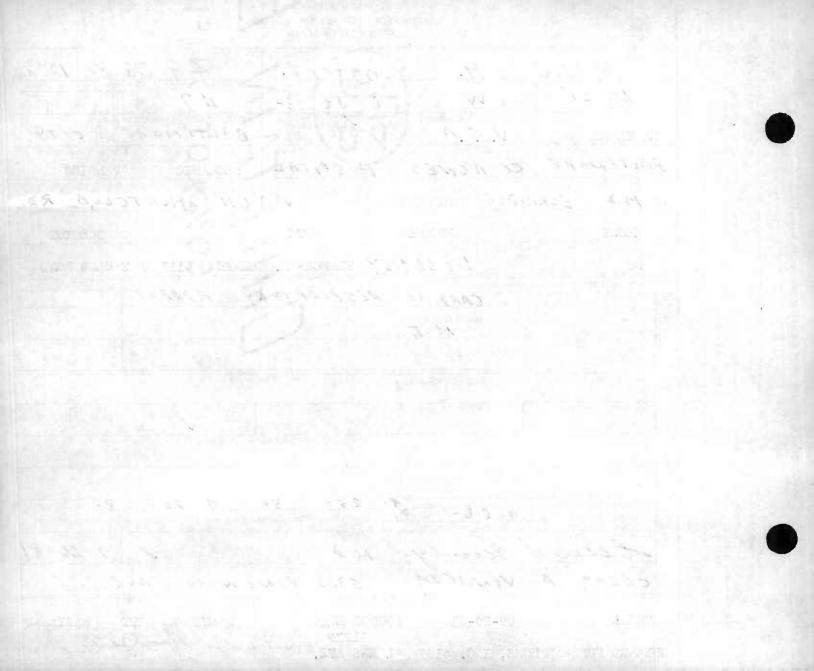
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

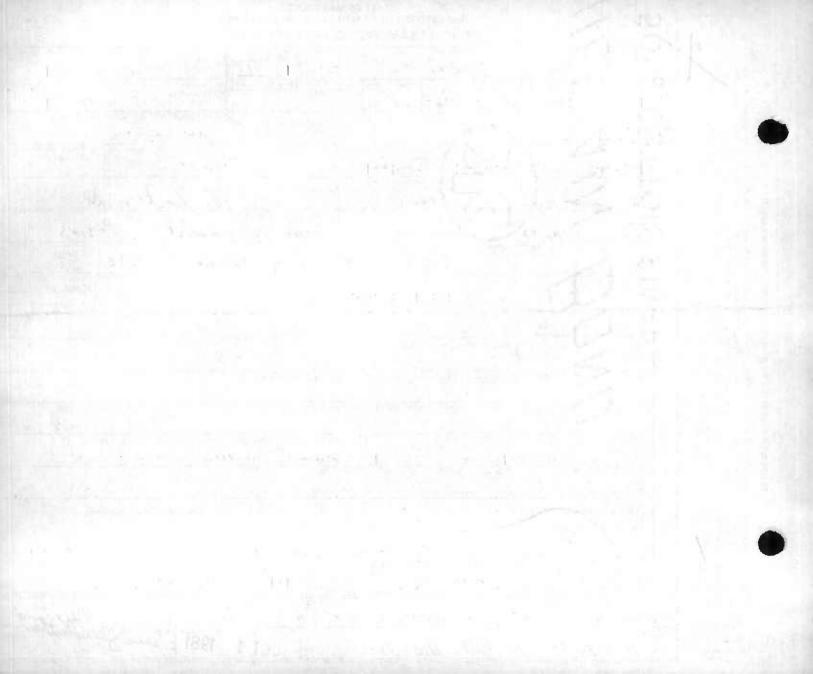
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4		YES, NO OR UNKNOWN) (IF YES, GIVE V	VAR OR DATES)	219-32-	2729	FRANC	ES M.	SCHAFER 6	13 HUNT	CLUB	ROAD
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2	CERTIFICATION	19a DATE OF OPERATION	196 CONDITI	on for which (	OPERATION	N WAS PERFO	RMED	YES NO	20b. IF YES, V IN CERTIFY IN YES [	VERE FINDIN	GS USED OF DEATH? NO
9	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED	P.M.	MONTH DA	Y YEAR			PED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	OR PART 2)	
	ME	WHILE NOT WHILE AT WORK	21e PLACE OF	T, FACTORY, OFFICE FA	RM ETC)	211. LOCATIO	N	CITY OR TO	)WN	COUNTY	STATE
		220. I certify that (I) (this hospital saw the deceased alive an above, (I) (we) (did) (did not). 22b SIGNATURE  22d PHYSICIAN'S NAME (TYPEORP	9-2 (riew the body of	ter death.		DEGREE  A A A F	TTENDING HYSICIAN	, to 9 - 10 death occurred on the d  MEDICAL STA DIRECTOR PHYSIC	FF CIAN P	22c DATE 5	
	230 0	CESAR A.  BURIAL, CREMATION, REMOVAL	7770	JEZA.	AME OF C	2300		EWOOD	AV	E	
	(	SUR TAL	236 DATE 09-29.		_	ON PARK		23d LOCATION CITY OR TOWN BALT IMO	RE CITY	OUNTY MA	ARYLAND
		UNERAL DIRECTOR  NAME  UBBARD FUNERAL H	OME, INC	ADDRESS C. 4107 V	1 00	21229	2'S FA		REGISTRA		

DHMH - 16 50M 1/81 (VRA 15, 4)

IMPORTANT: If Item 21 is morked or Item 18 shows ony



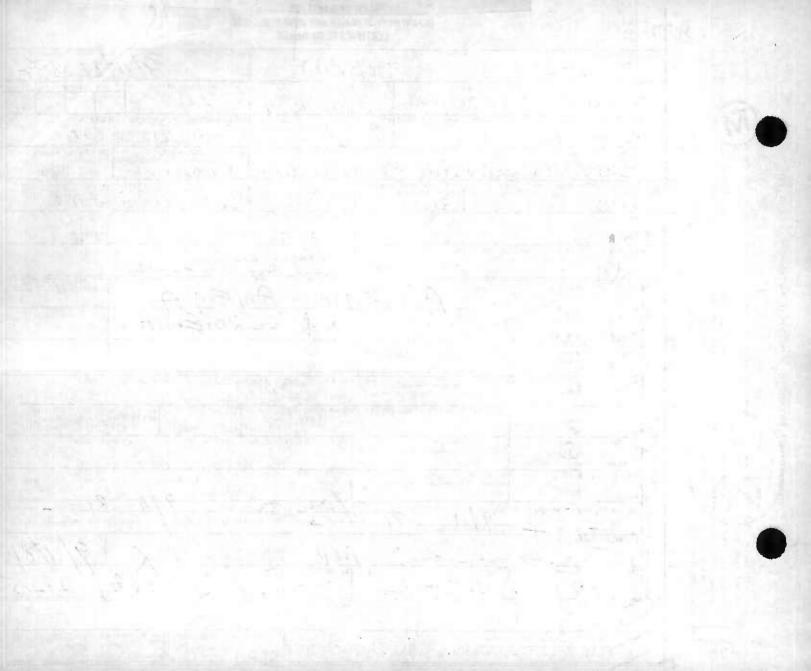
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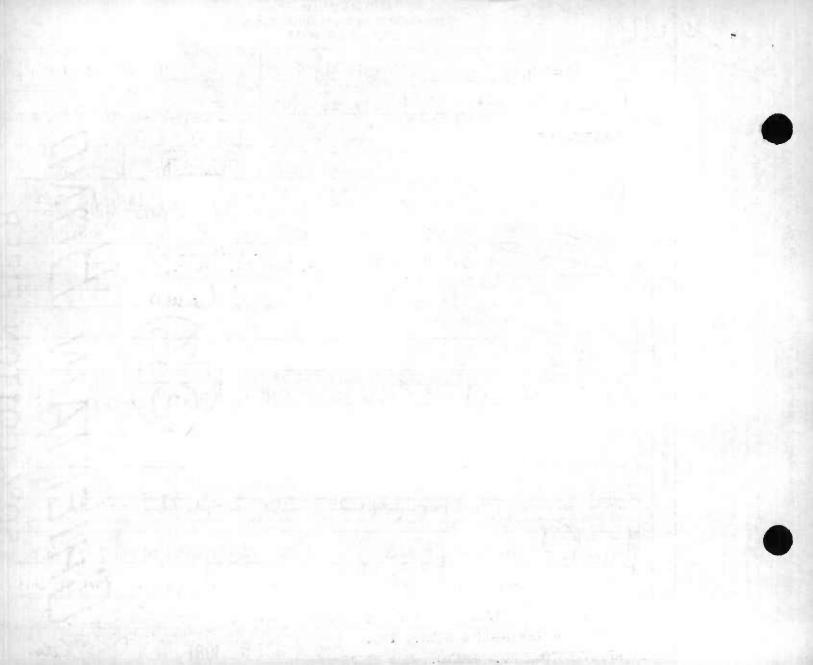
1	3	FOR STATE REGISTRAR	DI	EPARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	3 0 0 3
. n	0	. DECEASED NAME FIRST (TYPE OR PRINT) Meta	MIDDLE	Sche	AST	20. DATE OF DEATH MONTH D	26. HOUR 12:59A
4 may be for, page		3. SEX	14. RACE ~	S. DATE O			IF UNDER 1 YEAR IF UNDER 24 HRS
ctor, g	- 1	Female	White	MONITO 12		70	ONTHS DAYS HOURS MIN.
	10	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COL	INTRY2 8		9. BALTIMORE CITY OR COUNTY	OF DEATH
<b>国州</b> 菲 茅	H	Ga.	USA	WIDOWE	D NEVER MARRIED DIVORCED	Baltimore City	MD.
o y led	16	CITY OR TOWN OF DEATH  Baltimore	11. NAME OF HOSPITAL, AND THE NOT IN SUCH FACILITY, GE  t. Agnes Ho	VE STREET ADDRESS)	PR OTHER INSTITUTION	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE HOMEMAKET	12b. KIND OF BUSINESS OR INDUSTRY
24 hours	35		OR OTHER INSTITUTION, GIVE RESIDEN	ICE BEFORE ADMISSION)	13d INSIDE CITY LIMITS	13e. STREET ADDRESS 2120 Rockwell Av	renue
MARYLA mpletely and 2 sho	3	4. FATHER'S NAME UNKNOWN	MIDDIF L	amer	15. MOTHER'S MAIDEN NA <b>ปก็ห๊ทอพก</b>	ME MIDDLE	Unknown
MORE, I	2	60 WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)	74-1503	Mr. Allan W.	ADDRESS Mund, 702 E. Sen	ninary Ave.2120
T., BALTI rificote b physicio npapers. mavol.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	inly one couse per line for (a). ED BY:	, (b), and (c).)	vorcery a	rrest	BETWEEN ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN The law requires that the death certificate be executed within 24 hours rattending physician.  The this certificate has been signed by the attending physician and campletely filled in by as the build-transit permit. Then please remove carbanapapers. Pages 1 and 2 should be fill the and Mental Hygieine prior to build, crementan, or removal.  On them 18 shows any injury, or other traumatic event, the medical examiner rangs be well as the most permit the production of them 18 shows any injury, or other traumatic event, the medical examiner rangs be well.		Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A COR	septic NSEQUENCE OF Nated d	shock iverticulities	z adenocarcinorra	N IN PART 1(o)
NI RECORI he law rec an. has been t permit. T ene prior t	2	190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? 20b. IF YES, IN CERTIFY YES NOW YES	WERE FINDINGS USED //ING CAUSES OF DEATH?
ON OF VITAL  TYSICIAN: The ding physician is certificate h burial-transit t  Anental Hygie	9	OR CONTRIBUTION TO CHICE OF ST	HOUR A.M. MON	TH DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18, PA	RT 1 OR PART 2)
DING PHYSICIA or attending p After this certif e as the buriol-i alth and Mental marked or them		OR CONTRIBUTING CAUSE OF DI  (IF EITHER NOTIFY MEDICAL EXAMIN  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY,		21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
TEND itol por OR. A Control of Heb		220.1 certify that (1) (this has saw the deceosed alive a above. (1) (we) (did) (did n	0 . 3 / .	19 81	nd that in (my) (aur) apinian	deoth occurred on the date and hour	9, that (I) (we) lost and from the causes stated
AL OR ATT 7 the hospin CAL DIRECTION OF DEPT. of		226. SIGNATURE	Besido		DEGREE ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATÉ SIGNED
TO HOSPITAL OR AT retained by the hosp TO FUNERAL DIRECT should be deteched it with the Storle Dept. IMPORTANT: If them 2		22d. PHYSICIAN'S NAME (TYPE	1			HOSPITAL 900 (	CATON AVENUE
BP		230. BURIAL, CREMATION, REMOVA (SPECIFY) Burial	9/23/81		EMETERY OR CREMATORY Park Cemete:		COUNTY SWIE
DHMH-16 30M 2/80 (VRA 15, 4)		1630 Edmondson A	A. venue, Catons	DDRESS Ville, Mo	25e. DA	EP 22 1981 Council	RARS VONATOR AUTON

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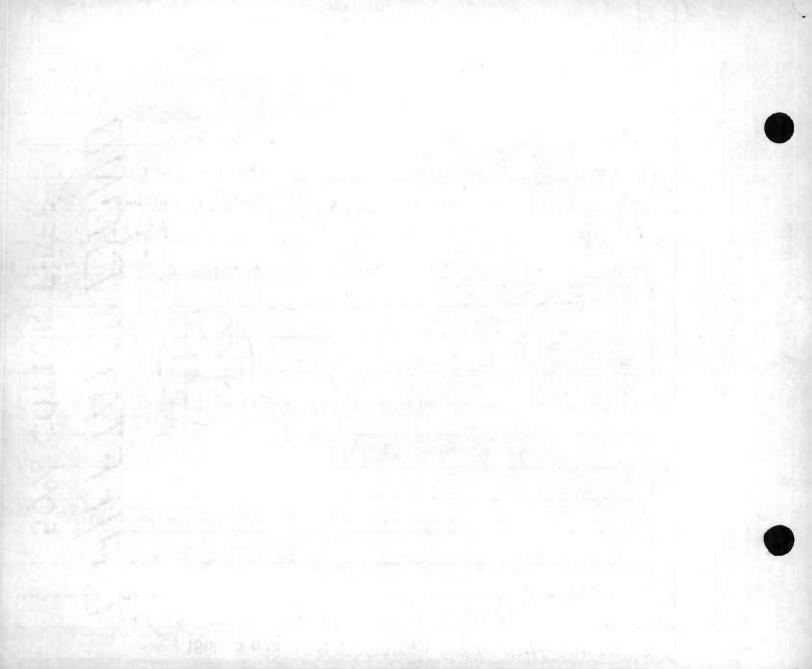
· ·	1.	FOR STATE REGISTRAR	DEPARTMENT	TATE OF MARYLAND OF HEALTH AND MENTAL HY RTIFICATE OF DEATH	GIENE REG NO	23504
decih 3		CEASED NAME FIRST .  OR PRINT)  OR DALL 1	AND	Chein ATE OF BIRTH	20 DATE OF DEATH	MONTH DAY YEAR 26 HOUR AM HOAY) OF UNDER LYEAR IS UNDER 24 HRS
-100	1	remake (	PAUCASCAN '	3/DAY/18 YEAR 7	84	MONTHS DAYS HOURS MIN
W 35	1	BACLO, MD.	U.S. WID	RRIED NEVER MARRIED OWED DIVORCED ME OR OTHER INSTITUTION		RCOUNTY OF DEATH  ON 126 KIND OF BUSINESS OR
in by the sefiled		Ballindre	CIFNOT IN SUCH FACILITY, GIVE STREET ADDRESS CONTROL C	BLAVIC CONVE	(TYPE OF WORK FOR MOST OF	F WORKING LIFE) INDUSTRY AT HOME
AND 2	130 3	THER'S NAME	136 CITY OR TOWN	13d. INSIDE CITY LIMITS?  YES NO 15 MOTHER'S MAIDEN NA	13e STREET ADDRESS	CAPT201 #21215 Les le Diwe
	1	HE SHEL	HANDEN	JENNIE	WIDDLE	DAVIS
BALTIMORE, cote be execut spers. Poges ly vol.		(IF YES, GIVE WA		110 MALAS	CHEIN	1230
PRESTON ST., BALT the death certificate E the offending physicia remove carbonopopers emotion, or removal. er troumatic event, the		18 CAUSE OF DEATH lenter only of PART I. DEATH WAS CAUSED B IMMEDIATE Conditions, if only, which	1 11/	STIC A	NEMIA EKOLEN	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
es that the ned by the please repured, cremy, or other	z	gove rise to immediate couse (a), stofting the underlying couse lost	DUE TO, OR AS A CONSEQUENCE (c)		MINAL DISEASE OR CONE	DITION GIVEN IN PART 110
NI RECOR	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHICH OPER	ATION WAS PERFORMED	200 AUTOPSY?  YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO NO
SION OF VITAL PHYSICIAN: The ending physicio this certificate be buriol-tronsit ad Mental Hygie d or Item 18 sho	MEDICAL CE	210. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	21b. TIME OF INJURY HOUR A.M. MONTH DAY Y P.M. 21c. PLACE OF INJURY	19 21f. LOCATION	RRED (ENTER NATURE OF INJUR	
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TO HOSPITAL OR ATTEN retoined by the hospital TO FUNERAL DIRECTOR. should be detoched for us with the Stote Dept. of He MADORTANT: If them 21 is		obove Twe (did) (did) (1) vi	whi.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	The Date School
28/Bb-	23o. E	SURIAL, CREMATION, REMOVAL 18 SPECIFY BURIAL	3b DATE 23c NAME 9-13-81 HEBRE	OF CEMETERY OR CREMATORY W FRIENDSHIP	23d LOCATION CITY OR TOWN BALTIMORE	COUNTY MD
DHMH - 16 50M 1/76 (VR A 15 (4))	24. F	INERAL DIRECTOR SOL LEV	INSON & BROA., IN TOWN RD., BALTO.,	MD 21215 SF		25b REGISTRAR'S SIGNATURE

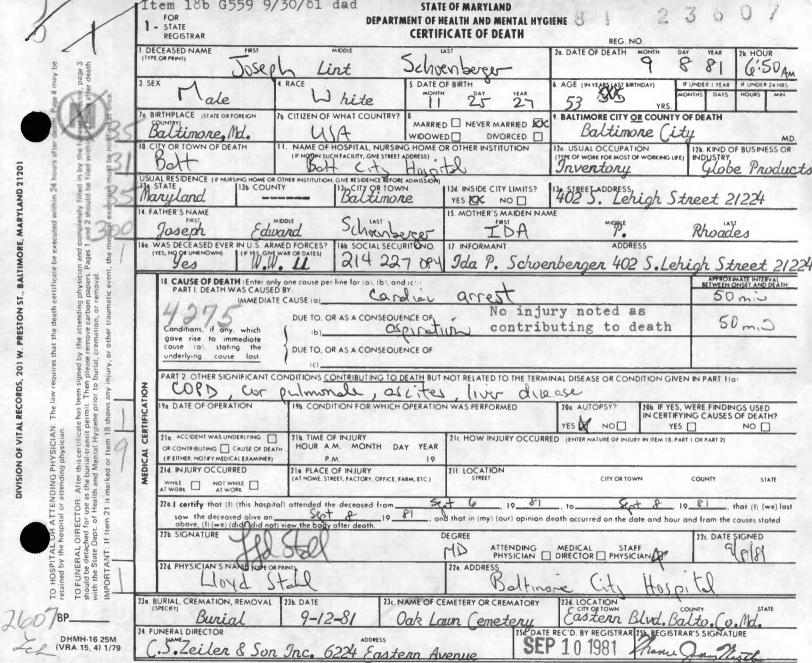


	1	FOR - STATE REGISTRAR	DEPARTM	STATE OF MARYLAND ENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH		3 6 0 5
		ECEASED NAME FIRST	MIDDLE	LAST	Ze Dail Of Death	DAY YEAR 2b. HOUR
y be		BENTHA		SCHENIC		28 81 1:00 PM
ge 4 may	3 S	F EMALE 4 RAC	WHITE	S. DATE OF BIRTH 21  MONTH DAY  YEAR  1905	6. AGE (IN YEARS LAST BIRTHDAY) 7 6 YRS	IF UNDER 1 YEAR IF UNDER 24 MRS
eath. Page	7RI	COUNTRY (STATE OR FOREIGN 7b, CIT	IZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTO- CIT	OF DEATH
offer d	1-10		AME OF HOSPITAL, NURSING NOT IN SUCH FACILITY, GIVE STREET A	SHOME OF OTHER INSTITUTION DDRESS) SINAI HOSP	178 USUPHONGEN OF CORKING LIFE (TYPE ON WORK FOR MOST OF WORKING LIFE (TYPE ON WORK FOR MOST OF WORKING LIFE (TYPE ON WORK FOR MOST OF WORK FOR WORK FOR WORK FOR WORK FOR MOST OF WORK FOR W	176 KIND OF BUSINESS OR INDUSTRY AT HOME
AND 212	. Wist	STATE 136 COUNTY	NSTITUTION GIVE RESIDENCE BEFORE  13c SITY OR LOWI	ADMISSION) 13d INSIDE CITY LIMITS? YES 700 0	13 STREET ADDRESS L	ANE APT 312
MARYL/ ed withir mpletely and 2 sh	14. F	ATHER'S NAME FIRST  ISAAC  MIDDLE	BROTMAN	15. MOTHER'S MAIDEN NA FIRST LENA	ME ISAFIO, MID	BOROSHOK
MORE, No and cam Pages 1 a	160	WAS DECEASED EVER IN U.S. ARMED EL	ORCES? 166 SOCIAL SECUI	RITY NO. 17 INFORMANT MI	R. ALVIN SCHENK D ST. BALTO., MD	21201
I W. PRESTON ST., BALTI that the death certificate b by the otherding physician case remove carban papers. sl. cremation, or removal. r ather traumatic event, the		Canditions, if dny, which gave rise to immediate		NCE OF	e; Coma	APPROXIMATE INTERVAL BETWEEN ONSELAND DEATH
'AL RECORDS, 20) The law requires the ciden. The speem igned sip permit. Then pleagene prior to buring gene prior to buring the control of th	CERTIFICATION	Anguia D	CVA with (	PATH BUT NOT RELATED TO THE TERM	200/AUTOHAT ZOB. IF YE. IN CERTIF	S, WERE FINDINGS USED YING CAUSES OF DEATH? S NO
SION OF VIT PHYSICIAN: ending physic this certificat the buriel-tran ad Mental Hyg	1		b. TIME OF INJURY HOUR A.M. MONTH DA	Y YEAR	RED (ENTER DIE TOTTE TEM IL	PART I OR PART 2)
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che che		226. PHYSICAN'S NAME TYPE	men p A	DEGREE  ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN	9/28/F1
TO HOSPITAL of the state of the	1	Augustus ()+	HEMENS I	D SIMA	4 HOBITAL	- BALTO UND
277 BP	23a	(SPECIFY) BURIAL 10	)/1/81 TI		23d LOCATION CITY OF TOWN HE SEARD ROSEDALE	E BALTO. MD
DHMH-16 30M 2/80 (VRA 15, 4)		FUNERALDIRECTOR SOL LEVI	INSON & BROS.,	INC.	TE REC'D. BY REGISTRAR 256. REGIST	RAP'S SIGNATURE
		POTO VETVIEKZTÓWY P	$\omega$ . $\kappa_{ABB}$	D 21215	1001 (1/2010)	

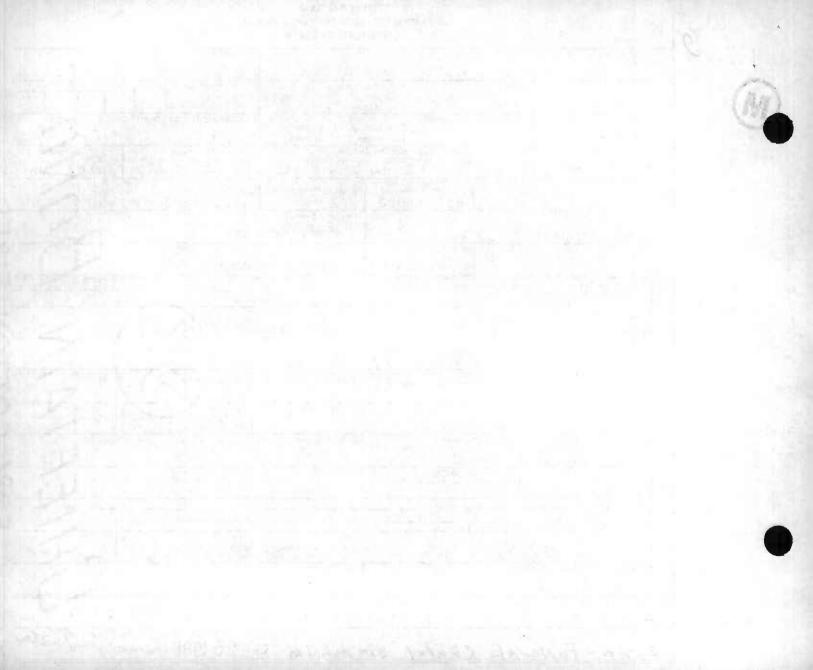


3. SEX	CEASED NAME FIRST OR PRINT] TO A N	4. RACE Care 7b. CITIZEN OF WHAT COUN	Schist-	DAY YEAR	REG. NO 20. DATE OF DEATH  6. AGE (IN YEARS LAST BIRT		AR 26. HOUR
10 CI	RTHPLACE (STATE OR FOREIGN COUNTRY)	Care			A AGE LIN YEARS LAST BIRT		1 1
10 CI	Md.	76. CITIZEN OF WHAT COUN		8 21	60		YEAR IF UNDER 24 DAYS HOURS
ÜSÜZ	TY OR TOWN OF DEATH	NSH	TRY? 8. MARRIED NI	EVER MARRIED DIVORCED	Ba 1to.	R COUNTY OF DEAT	н
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	AL RESIDENCE (IF NURSING HOME OF ITATE 13b. COUN		YES [	NO D		Combard	57.
14. FA		P. Schis		THER'S MAIDEN NAM	E MIDDLE	Kalbfle	IAST ISCH
	(IF YES, GIV	E WAR OR DATES)			v . ,	1	» Ave
TION	Renal fail	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RE				
TIFICA					YES NO	IN CERTIFYING CA	USES OF DEATH
	OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR 19				
WE	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OF		STREET	CITY OR TO	WN COUN	
	saw the deceased alive an	9/1/	Ph. A	ATTENDING	MEDICAL STAF	22c. [	on the causes state
	11.1	1 11		DDRESS	C 4	1	
230. E	SURIAL, CREMATION, REMOVAL	23b. DATE 9/10/8/	130 NAME OF CEMETER BEI to Na	Y OR CREMATORY	23d. LOCATION CITYORTOWN	- Mc spunty	STA
	MEDICAL CERTIFICATION	180 WAS DECEASED EVER IN U.S. AR  (YES IND OR UNKNOWN)  18. CAUSE OF DEATH lEnter or  PART I. DEATH WAS CAUSE  IMMEDIA  Conditions, if only, which gove rise to immediate couse [a], stating the underlying cause last.  PART 2 OTHER SIGNIFICANT (  PART 2 OT	180 WAS DECEASED EVER IN U.S. ARMED FORCES?   16b SOCIAL (YES, NO OR UNKNOWN)   (IF YES, GNE WAR OR DATES)   176-13     18. CAUSE OF DEATH (Enter only one couse per line for (a), (the part I. DEATH WAS CAUSED BY.   IMMEDIATE CAUSE (a)   Card of the couse (a), stoting the underlying couse lost.   DUE TO, OR AS A CONSTONE (c)   PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING (c)   PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS C	186 WAS DECEASED EVER IN U.S. ARMED FORCES?   16b SOCIAL SECURITY NO.   17 INF (YES FNO OR UNKNOWN)   (# YES, GIVE WAR OR DATES)   2/6-12-595/   3/6   3/6   1/2	The contributing   Cause of Operation   196. Conditions   196. Conditions of Operation   196. Conditions   196. Condition   196. Conditions   196. Conditions	The cause of death   Conditions   Conditio	186 WAS DECEASED EVER IN U.S. ARMED FORCES?   186 SOCIAL SECURITY NO.   17 INFORMANT   ADDRESS   185 PO OR UNANDOWN)   (8 18) OR WAS DECEASED EVER IN U.S. ARMED FORCES?   186 SOCIAL SECURITY NO.   17 INFORMANT   ADDRESS   216-12-3931   Burkbara   Burk





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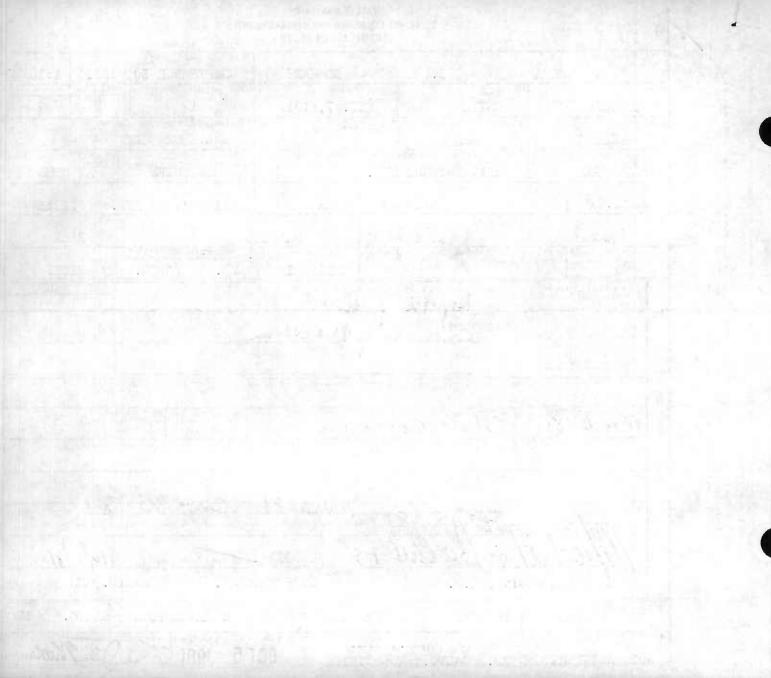
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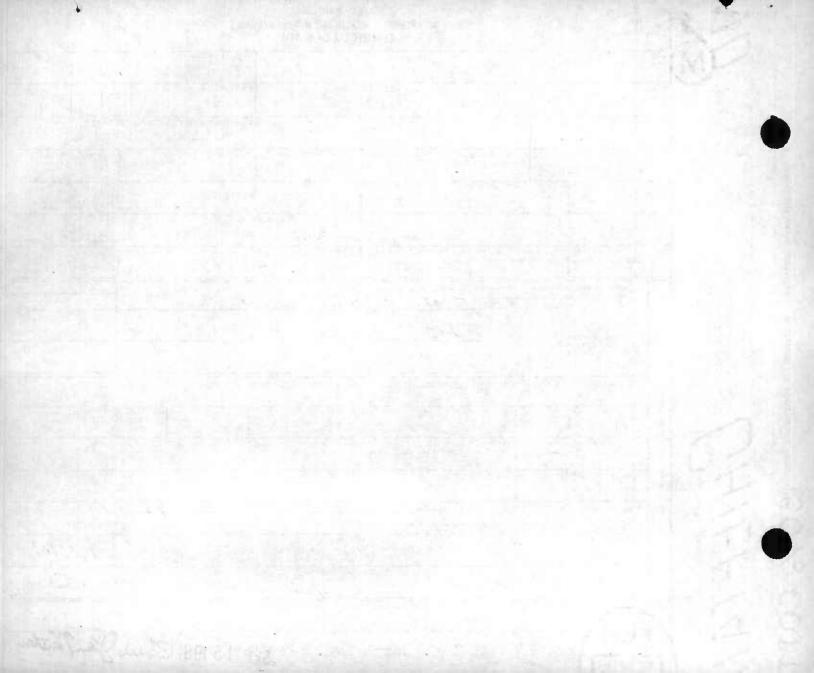
- STATE

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE





ATTENDING PHYSICIAN: The low

retained by the hospital or attending physician.

DHMH - 16 50M 7/77 (VR A 15 (4))

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the should be detached for use as the busiol-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to busiol, cremation, or removal.

	- STATE REGISTRAR			EALTH AND MENTAL HYG CATE OF DEATH	REG. N	Q.	
1. D	DECEASED NAME FIRST	WIDDLE	LA	ST	20 DATE OF DEATH		AY YEAR 26. HOUR
ITY	PE OR PRINT)	FRANCES	900	VIVIII	TUESDAY	SEPT .	15 19814:25 PA
3. Si		4 RACE	SCC 5. DATE OF		6 AGE (IN YEARS LAST BIRT		IF UNDER 1 YEAR IF UNDER 24 HRS
	FEMALE	NEGRO	JUNE	DAY YEAR		M	ONTHS DAYS HOURS MIN
70. 1	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	2 8		9 BALTIMORE CITY O	P COUNTY	OF DE ATH
	COUNTRY)		MARRIED	NEVER MARRIED			
310.7	VIRGINIA CITY OR TOWN OF DEATH	US of A	WIDOWED		BALT II	MORE C	12b. KIND OF BUSINESS OR
		(IF NOT IN SUCH FACILITY, GIVE STREET	T ADDRESS)		(TYPE OF WORK FOR MOST O		
2	BALTIMORE	2422 KEYW		VENUE	RETIR	₽D	DOMESTIC
130	UAL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFOR	VN 1	136 INSIDE CITY LIMITS? YES NO	13e. STREET ADDRESS	2122	KEYWORTH AVE.
14. F	FATHER'S NAME			IS MOTHER'S MAIDEN NA			
20	ELLICK	AIDDLE LAST COOK	4	MATTIE	MIDDLE		LOUIS
1 160	WAS DECEASED EVER IN U.S. AR		URITY NO.	17 INFORMANT	ADDRE	SS	10010
	(YES, NO OR UNKNOWN)   IF YES, GIVE	216 30	onno	MTCC CUTDIES	M MONCON	0100	MANAGEMENT ATTE
=	·	ly ane cause per line far (a), (b), ar		MISS SHIRLE	I M. WUNSUN	21,22	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which	(b) Drabe	cles	Melalini			
CATION	gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE  ONDITIONS CONTRIBUTING TO  198. CONDITION FOR WHICH	JENCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CON	20b. IF YES	, WERE FINDINGS USED
TIFICATION	gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUING TO CONTRIBUTING TO	JENCE OF	NOT RELATED TO THE TERM		20b. IF YES, IN CERTIFY	
CAL CERTIFICATION	gove rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT CO.  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING	DUE TO, OR AS A CONSEQUENCE OF TOTAL OR AS A CONSEQUENCE OF TOTAL OR OF THE CONSEQUENCE O	DEATH BUT N	NOT RELATED TO THE TERM  WAS PERFORMED  21c. HOW INJURY OCCURE	20a. AUTOPSY? YES NO NO	20b. IF YES, IN CERTIFY YES	, WERE FINDINGS USED YING CAUSES OF DEATH?
MEDICAL CERTIFICATION	gove rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT CO.  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING	DUE TO, OR AS A CONSEQUENCE OF THE PROPERTY OF THE POUR A.M. MONTH DESCRIPTION OF THE POUR A.M. M.	DEATH BUT NO PERATION DAY YEAR	NOT RELATED TO THE TERM  N WAS PERFORMED	20a. AUTOPSY? YES NO NO	20b. IF YES, IN CERTIFY YES RY IN ITEM 18, PA	, WERE FINDINGS USED YING CAUSES OF DEATH?
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rs ofter by the		Be	altimore		IDEN!	THOSP I	TAL	TITUTION	120. USUAL OCCUPAT HOUSEWII		12b. KIND OF INDUSTRY	BUSINESS OR
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ING PHYSICIAN. The low requires that the death certificate be executed within 24 hours or attending physician.  When this certificate has been signed by the ottending physician and completely filled in by set the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be pro-	35	USU/ 13a. S	AL RESIDENCE (IF NURSING HOME OR TATE MD 13b. COUN	OTHER INSTITUTION, C ITY	BALT	BEFORE ADMISSION)	13d. INSIDE C	CITY LIMITS?	13 <b>2</b> 5558 PRA	NCIS	ST 212	217
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STATE OF MARYLAND

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HERETE SERVICE

	1.	FOR STATE		DEPART	MENT OF H	E OF MARYLAND SEALTH AND MENTAL HY	GIENES I	2 3	Ò	1/
B		REGISTRAR CEASED NAME FIRST OR PRINT)		WIDDIE		LAST	REG. No 20. DATE OF DEATH	D. MONTH DAY	YEAR	26 HOUR
	11.11	Loren	a	R	Seif	ort	ELL SX DELL	9-17.	-81	4 = "
	3. SE		4 RACE		5. DATE O	OF BIRTH	6. AGE (IN YEARS LAST BIR	HDAY) IF U	NDER I YEAR	IF UNDER 24 HRS
		FEMALE	WHITE			. 11, 1908	73	YRS.	HS DAYS	HOURS MIN.
1		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY	? 8.	D NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF	DEATH	
7	1	IOWA	U	SA	WIDOW		Balti	more Ci	tv	MD.
4	10 CI	City	(IF NOT IN SUC	HOSPITAL, NURSI CHEACILITY, GIVE STREE  nion Memo	T ADDRESS)	DR OTHER INSTITUTION Hospital	120 USUAL OCCUPATION OF WORK FOR MOST OF VICE PRESI	ON I F WORKING LIFE)		F BUSINESS OR
35	13a. S	AL RESIDENCE (IF NURSING HOME) TATE  MD BAI	OR OTHER INSTITUTION UNITY	GIVE RESIDENCE BEFOR	RE ADMISSION)	134 INSIDE CITY LIMITS?	13e STREET ADDRESS 1125 CHARL	ES VIEW	WAY	21204
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1	200	HARRY	WILKINS	RODGEF	RS	ANNIS	MAY	BU	UCKLÊÎ	Ř
2		VAS DECEASED EVER IN U.S. es, no or unknown) (IF YES,	ARMED FORCES? GIVE WAR OR DATES)	166. SOCIAL SEC 348-14-6		17 INFORMANT BEULAH EARL	1140 SOUTH MAITLA	SRLANDO ND, FLOI		32751
9	CERTIFICATION	Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last.	(b)		JENCE OF	Multiple of Multip	MINAL DISEASE OR CONI	20b. IF YES, WIN CERTIFY IN	ERE FINDIN	IGS USED
7	CER	210. ACCIDENT WAS UNDERLYING			AM MEAR	21c. HOW INJURY OCCUR		Y IN ITEM IB PART I	OR PART 2)	
7	AL	OR CONTRIBUTING CAUSE OF	DEMIN	.M. MONTH D	19					
	MEDICAL	21d INJURY OCCURRED  WHITE NOT WHITE AT WORK	21e. PLACE	OF INJURY REET, FACTORY, OFFICE,		211 LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
		22a I certify that (1) (this ho saw the deceased alive abave (1) (we (did) (did 22b. SIGNATURE		p		nd that in my (aur) opinion	, to death occurred on the do	. 19_ ate and hour on		
		22d PHYSICIAN'S NAME (TV)	aut 10	ing to		MD ATTENDING PHYSICIAN [	MEDICAL STAI DIRECTOR PHYSIC		III. DAIE	5.51125
		Francis Ja	mes To	unsend	TII	Union	Momena	Hosp	ntal	Balt Mo
		BURIAL, CREMATION, REMOV SPECIFY) BURIAL	SEPT.2	and the same of th		EMETERY OR CREMATORY Y VALLEY MEM.	GINS . COCKE	YSVILLE	BALT(	O. MD.
		JNERAL DIRECTOR		ADDRESS			E REC'D. BY REGISTRAR	256, REGISTRAR	SIGNAT	WE TO
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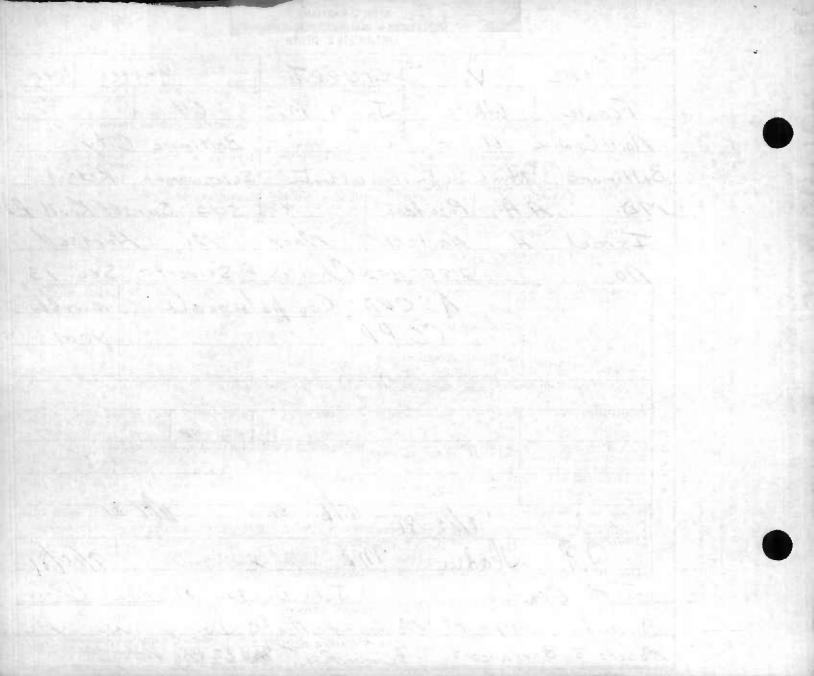
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REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

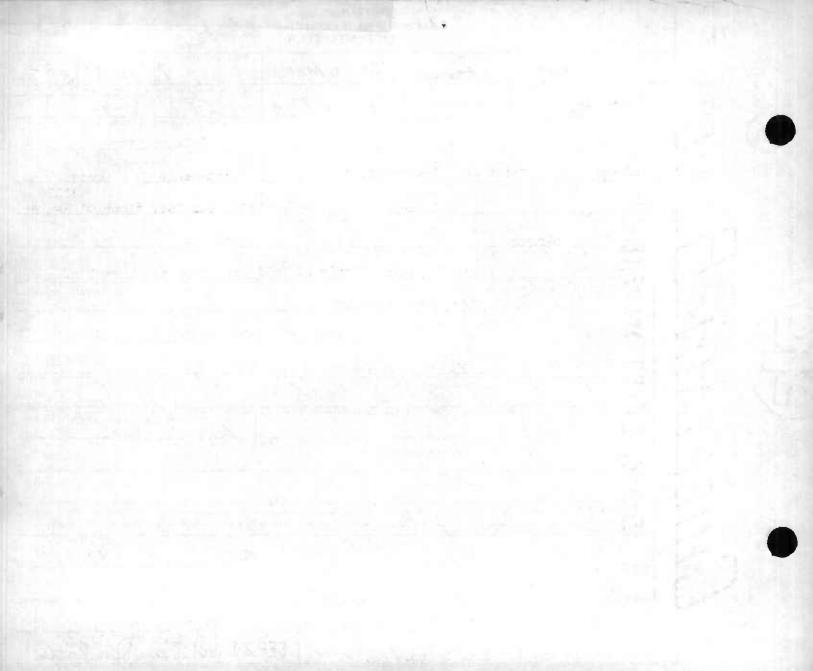
CERTIFICATE OF DEATH

	1.	FOR STATE REGISTRAR	DEPA	ARTMENT OF HEALTH A CERTIFICATE	ND MENTAL HYGIEN	REG. NO.	3 5	1 9
ay be age 3 death	(TYPE	OR PRINT) PAL	MIDDLE .	5elux	BRT 20	DATE OF DEATH MONTH	14-81	10Pm M
age 4 ma il ector, p	3. SE	Female	White	5. DATE OF BIRTH	19,7	AGE (IN YEARS LAST BIRTHDAY)		IF UNDER 24 HRS HOURS MIN.
death. P		RTHPLACE (STATE OR FOREIGN COUNTRY)  Orth Carolina  ITY OR TOWN OF DEATH	76 CITIZEN OF WHAT COUNT  1. S.A.  1. NAME OF HOSPITAL, NU	MARRIED WIDOWED	DIVORCED	Baltimore CITY OR COUN Baltimore Bushal Occupation	City	MD BUSINESS OR
aurs afte	ÚSU.	AL RESIDENCE (IF NURSING HOMBOR	OTHER INSTITUTION GIVE RESIDENCE B	Medical ( BEFORE ADMISSION)	Center 3	SS/ESEVOMAN		11
orthin 24 h	1	1D. A	A- Pasa	dena YES			nset Ki	10/1 K
omple		ZSrae/ VAS DECEASED EVER IN U.S. AR.		SECURITY NO. 17. INFO	PRMANT	ADDRESS	Harts	sell
sician and c pers. Pages al. the medica		18 CAUSE OF DEATH (Enter on	WAR OR DATES)	5-1652 C	harles H	E. Seivert	Sec.	AATE INTER
oth certifice ending phy corbanpa n, ar remay matic event		4760	D BY:  TE CAUSE (0)  DUE TO, OR AS A COMS	CUD COMENCEDED	Corpal	morale	mo	vels
by the atter by the atter sse remave , cremation other fraum		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.	(b)DUE TO, OR AS A CONSE	EQUENCE OF			yea	21-5
equires the signed k Then plea r ta burial, injury, ar a	NOI	PART 2 OTHER SIGNIFICANT C	(c) CONDITIONS CONTRIBUTING	TO DEATH BUT NOT REL	ATED TO THE TERMINA	AL DISEASE OR CONDITION G	IVEN IN PART 1(0)	
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OING PHY After this e as the bu plith and A marked or	MED	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  22a   certify that (1) (this haspi	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	The state of	STREET	CITY OR TOWN	COUNTY	STATE
R ATTENIE haspital RECTOR: red far us red far us rem 21 is r		taw the deceased glive on above (II (we) idid) (did no 22b. SIGNATURE)	2//4		(my) (our) opinion deal	th occurred on the date and h		
TO HOSPITAL O retained by the TO FUNERAL DI should be defined with the State Do IMPORTANT. If I		22d. PHYSICIAN'S NAME (TYPE O	Madu PRINT)	MA 220 ADI	PHYSICIAN D	MEDICAL STAFF DIRECTOR PHYSICIAN	9/1	5/8/
TO HOSPIT retained by TO FUNER, should be a with the Stolland Declaration of the Stoll	23a E	J. R. G/O	23b. DATE	23c. NAME OF CEMETERY	OR CREMATORY	ton Med	ical C	enter
BP	24 F	Buria/ INERAL DIRECTOR	9-18-81	Meadowrio	ge Men. PK	Donce V EC'D. BY REGISTRAR 256. REQU	COUNTY COUNTY	MD.
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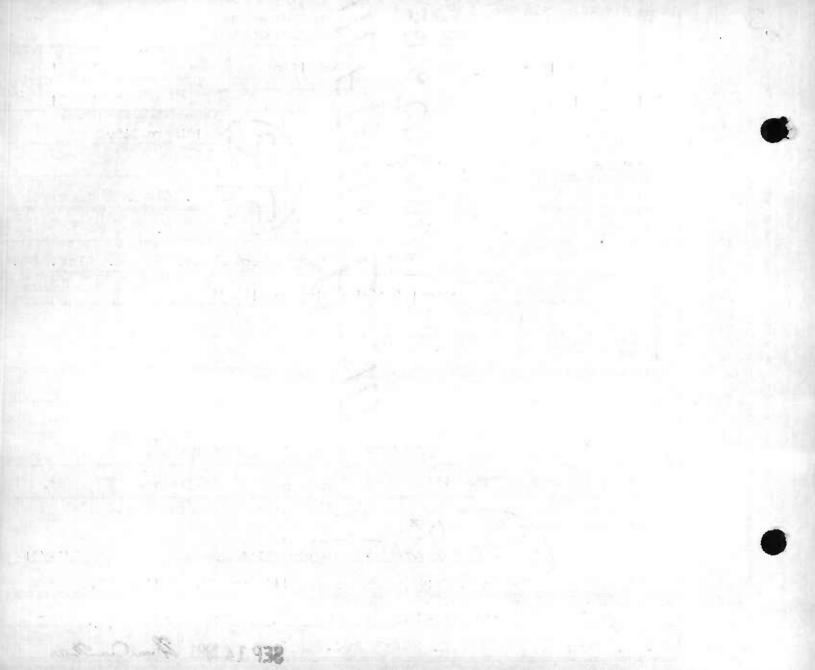


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a series	7a. BIRTHPLACE REIGN COUNTR	(SIATE OR	76. CITIZEN OF WE	HAT COUN	TRY? 8	MARRIE	ED NEVE		9. BALTIM	imore (	COUNT	Y OF DEATH	
OTHER OTHER PAGE 5 S, 201	10. CITY OR TOW	N OF DEATH	11. NAME OF HOS (IF NOT IN SUCH FA 940 E	PITAL, NUI	RSING HOME,	OR OTHE			FOR MOST OF WOR	PATION (TYPE C		OR INDU	
D. 21201 F ANY DELAY S. 2. AND 3 TO THE R. 3. RETAIN PAGE 5 SHOULD BE FIRE A. RECPROS, 201	USUAL RESIDENCE 130 STATE MD	E (IF IN NURSING HOME O	DR OTHER INSTITUTION, GI	Bal	OR JOWN TIMOTE		13d. INSIDE CITY	LIMITS? 13e	940 E.	ss 41st	. S	treet	
5 4 1	14. FATHER'S NAME Char	Les	MIDDLE E.	J	IAST OY		15 MOTHER'S Ma			E.		Payne	
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ON ST., 8 24 HOURS TEM 18. C CONG WITH PERMIT. P SIENE, DII VAL.	18 CAUSE PART I	OF DEATH (Enter on DEATH WAS CAUSED IMMEDIA)				urie	s with	compl	ication	s		APPROXU BETWEEN O	NSET AND DEATH
BOUSSION OF VITAL RECORDS, 201 W. PRESTON STATEMENT OF HOUSE RECUTED WITHIN 24 HORITING THE WORD "PENDING". IN PENCIL IN TEMPLE PARADLUS BE AS A BURIAL. TRANSIT PERM ST. EDEPARTMENT OF HEALTH AND MENTAL HYGENE OF PRIOR TO BURIAL, CREMATION, OR REMOVAL		ions, it ony, which	DUE TO, OR	AS A CON	SEQUENCE OF								
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ON OF IFICATE STHE WORTON OR TO BE	ZIO. EXTERI	NAL CAUSE WAS NG  OR TING  CAUSE OF E		MONTH 3	125/6 49				ruck by		RT I OR PAR	T 2)	
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TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOLE EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN TEMPER PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER AGING TO FUNED AND ADDRESS AS BURIAL TRANSIT PRINT AFTER PARTIA SHOULD BE TO THE CHIEF MEDICAL EXAMINER AGING TO ENERGY, WITH THE STATE DEPARTMENT OF HAALTH AND MENTAL HAGINE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR RAMOVAL		rtify that I took charg ulted from: Natur	ellow	Accident	we held on Sure	A tops	Homicide	CIFY)	Inquiry	onner,	DATE	0 /1	2/81
O MEDIC GECUTE AGE 4 S O FUNE FTER DEA	EXAMINER (TYPE OR P	RINT)	Thomas D			)	ADDRESS	III Pe	enn St.	Balto	. , M	D.	
BP	(SPECIFY) Bu	cial	3b. DATE 9/17/81		ing Me		rial F	k.	d LOCATION CITY OR TOWN Balt:	imore	COUN	0.	STATE MD
090/ DHMH-17 (VR A15 ME (5)) 15M2/80	Wm . C.	March F	/H 110	L E.	North	Ave		SEP	d. by registra 1 4 1981	RIZSE REGIST	RAR'S SI	GNATURE - MATE	1.





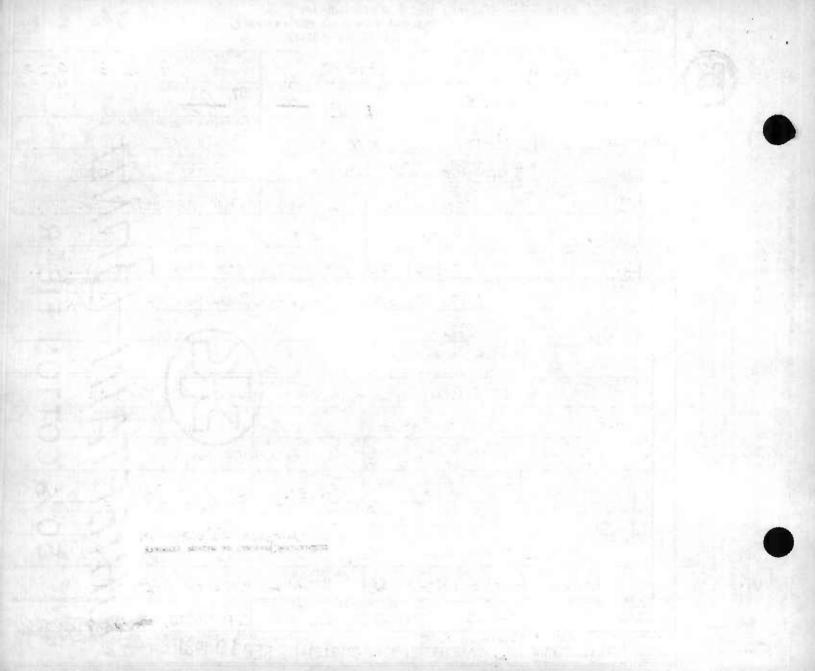
L TO STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

Item #586 Film G560 10/9/81 rc

- STATE

REGISTRAR



		1.	FOR - STATE REGISTRAR		DEPARTA	MENT OF HE	OF MARYLAND ALTH AND MENT CATE OF DEAT		8 I	2	3 0	2 5
		1 DE	CEASED NAME FIRST	L, MI	DOLE	LA	ST	2o [	DATE OF DEATH		DAY YEAR	2b HOUR
ay be age 3 death				AROLD SHAV	'ER				SEPTEM	RFR 1	1981	8nm ^
F		3. SE	X	4 RACE		5. DATE OF		6. A	GE (IN YEARS LAST		MONTHS DA	AR IF UNDER 24 HRS
Page 4		200	M	n		6	125/98		83	YRS.		
7. P.	300		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF W	HAT COUNTRY?	MARRIED	□ NEVER MARRI	ED D 9 B	ALTIMORE CITY	OR COUNT	Y OF DEATH	
dec fune	8	M C	ITY OR TOWN OF DEATH	USA III NAME OF HO	OSPITAL NILIPSIN	WIDOWED	DIVORCE OTHER INSTITUTE		13 ALT	0.	CITT	ME
ors after by the filed wi			BALTO	CHU	FACILITY, GIVE STREET.	HOS	P.		E OF WORK FOR MOS		LIFE) INDUSTI	O OF BUSINESS OR RY R CRAFT
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ed withir mpletely and 2 sh		14. F/	TACOB	MIDDLE SHA	LAST		15. MOTHER'S MAID	DEN NAME	RAI	,		LAST
be execute an and cor	-		VAS DECEASED EVER IN U.S. A	CIVE WAS OR COVER.	66 SOCIAL SECU 236 01	8482	ROSALEE	- m:	ADD	RESS	33°	T AH RD
requires that the death certificate an signed by the attending physic Then please remave carban pape	or to burial, crematian, ar remaval injury, ar other traumatic event, th	NOI	Conditions, if any, which gove rise to immediate couse (c), storing the underlying couse lost.  PART 2. OTHER SIGNIFICANT	ATE CAUSE (6) 6  DUE TO, OR /  (b)  DUE TO, OR /  (c)	CARDIO H AS A CONSEQUE CARCINOM AS A CONSEQUE	RESPIRA INCE OF INCE OF	ATORY ARR  METOSTA	SIS	DISEASE OR CO	NDITION GI		OXIMATE INTERVAL EN ONSET AND DEATH
The law tian. In permit	grene prio	CERTIFICATION	190 DATE OF OPERATION	196 CONDIT	ON FOR WHICH	OPERATION	WAS PERFORMED		a AUTOPSY?	IN CERT	S, WERE FINI IFYING CAUS	DINGS USED ES OF DEATH? NO []
PHYSICIAN: ending physic this certificati	or Item 18 sh		2)0 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN			YEAR	21c. HOW INJURY (	OCCURRED (	ENTER NATURE OF IN	JURY IN ITEM 18	PART I OR PART 2	1
G PHYS attendin	p p	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF	T, FACTORY, OFFICE, FA		21f. LOCATION STREET		CITY OR	TOWN	COUNTY	STATE
OR ATTENDIN hospital ar- urector: Africe a	Jept. af Health o Item 21 is mark		22a. I certify that (I) (this has sow the deceased alive compared to the compa	9/1	deceased from		that in (my) (our) c	81 . 1 opinion death	o 9/1 occurred on the	date and ho	ur and from t	_, that (1) (we) lost he couses stated TE SIGNED
by the by the ERAL D	Stote D ANT: If		22d. PHYSICIAN'S NAME (TYPE	ORPRINTI		/	ATTENE PHYSIC 22e ADDRESS 10	CIAN DIR	DICAL ST ECTOR PHYS	AFF ICIAN () CHURI	CH HOST	PITAL
TO HOSPITAL (retoined by the TO FUNERAL Ishould be deto	MIN THE State		V. BALAKR	IVHNAN	M.D		B/	ALTIMOR	RE, MARY		2123	
BP			BURIAL CREMATION, REMOVA		- 4 5. 4	OLL >	METERY OR CREMA	3	BALT	0	COUNTY	STATE
DHMH - 16 50A (VRA 15,			JNERAL DIRECTOR T. G. CONNI	ニトムン	300	MA	_		B 1981	25h REGIS	11/2	Wather

WILLIE CHERCH "150% CHERCHES THE SHIP FRANKET IN THE PRINCESSES THERE SHIFFE SPEED SPEED CHAIR SECRETARY RESERVED TO SEEK SOLENAME OF THE STATE AND STATE OF THE STAT

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO LAST 20. DATE OF DEATH MONTH 25 HOUR SHEA SEPTEMBER 198 3:30AM G/. 5. DATE OF BIRTH 6 AGE LIN YEARS LAST BIRTHDAYS IF UNDER 1 YEAR IF LINDER 24 HR 9. BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE CITY 176. KIND OF BUSINESS OR ETYPE OF WORK FOR MOST OF WORKING LIFET 13806 E. Devonfield Dr McLewee Same APPROXIMATE INTERVAL TERMINAL DISEASE OR CONDITION GIVEN IN PART 160 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? TIL HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE and that in (Ayy) or) opinion death occurred on the date and hour and from the causes stated 22c DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION

DHMH-16 30M 2/80 (VRA 15. 4)

BP.

Burial

- STATE

(TYPE OR PRINT)

REGISTRAR

AUDREY

L DECEASED NAME

24 FUNERAL DIRECTOR

Baltimore, Maryland

STATE

Leonard J Ruck Inc. Baltimore, Maruland

Moreland Mem. Park

9/19/81

Pronces

THOKE ST SE SEVE TEATED CHARGA LUCT Compart to of the fall of the

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38.58.58 F.	). DI		ilbur XXXXX		MIDDLE	She	effiel (	d. [1]	20. DATE OF DEATH			DAY YEAR 24 1981	26 HOUR
ECSSARY, PLEASE NERAL DIRECTOR. FOR YOUR FILES. THIN 72 HOURS PRESTON STREET.	3. SE	X 4. RACI	T .	Jun 22	1928 LASTA PRI	YEARS IF U	NDER 1 YR.	IF UNDER 24 I	HRS. 2c. DATI	NCED	монтн	24 1×81	7d HOUR 10:30
CESSAR NERAL I FOR YOUTHIN	70 E	RTHPLACE (STATE OR		U.S.	VHAT COUNTRY?	2		/ER MARRIED DIVORCED		MORE CITY OR	R COUNTY	OF DEATH	MD
	000	TY OR TOWN OF DEA Baltimore	тн	JIF NOT IN SUCH	SPITAL, NURSING HO FACILITY, GIVE STREET ADDRES Shington Be	5) -		TION 120	USUAL OCCU	PATION (TYPE OF RICHARD LIFE)	OF WORK 12	or indust Const	SINESS RY Cucti
21201 F ANY DI AND 3.1 RETAIN PECCOD	130	AL RESIDENCE (IF IN NUR	ISING HOME OR	OTHER INSTITUTION,	13c. CITY OR TOWN Baltimor	SSION)	13d INSIDE CI		STREET ADDR				
KE, MD.	0	ATHER'S NAME FIRST Wilbur	F	MIDDLE S.	heffield,	Jr.	C.	R'S MAIDEN N ather:		WIDGLE		Toms	
BALTIMOR JAS AFTER DE J. GIVE PAGE MITH FORM T. PAGES I A DIVISION OF	(	WAS DECEASED EVER ES, NO, OR UNKNOWN)	IN U.S. ARMI (IF YES, GIVE W 1951-	AR OR DATES)	not avail		Hild:		S. Smi	th,Fre	5 Wi	lson .	i.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, AD. 21201 S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUSE AFTER DEATH RRITING THE WORD "FENDING" IN PENCE. IN ITEM 18. GIVE PAGES 1. 2, AND RDED THE CHIEF MEDICAL EXAMINES ALONG WITH FORW PM. 3. BETA BESTONOLID BE USED AS A BURIAL-TRAINES FERMIT PAGES 1. AND 2 SHOULD EDEPARTMENT OF HEALTH AND MENTAL HYGGENE. DIVISION OF WITH RECORD OF PRICE CONTRIBUTION.		PART I DEATH W.  Canditions, if a gave rise to cause (a) stating lying cause last.	AS CAUSED IMMEDIATE iny, which immediate	CAUSE (a)  DUE TO, C	re far (a), (b), and (c).)  Fatty Infi  R AS A CONSEQUENCE  R AS A CONSEQUENCE	E OF	on of	Liver				APPROXIMATI BETWEEN ONSE	INTERVAL
RECORDS, D BE EXEC ENDING" MEDICAL D AS A BUR EAITH ANI	NOIL		neumo	ONTRIBUTING TO DEAT	N BUT NOT RELATED TO THE T				(0).			20 AUTOPSY	
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SION OF RTIFICATE NG THE W O TO THE SHOULD PARTMEN RIOR TO	MEDICAL CERTIFICATION	UNDERLYING CONTRIBUTING	OR CAUSE OF DI	EATH P.	M. MONTH DAY YE	AR		OCCURRED (I	ENTER NATURE OF H	IJURY IN ITEM 18 PA	ART I OR PART	2)	
DIVISION OF VI THIS CERTIFICATE SI, WRITING THE WOI WARDED TO THE C MARCE SHOULD TE SPAGE SHOULD TE SPAGE SHOULD TE	MED	WHILE NOT AT WORK	WHILE		OF INJURY   JAT HOME, CTORY, FARM, ETC.)		STREET		CITY OR TO	)WN	COUN	TY	STATE
TO MEDICAL EXAMINER: THIS CE EXECUTE THE CERTHICATE, WRITH PACE 4 SHOULD BE FORWARDED TO FUNKEAL DIRECTOR: PAGE 3 AFFE DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P		228 I certify that I death resulted fram ACTUAL SIGNATURE		of the remains d	escribed abave, held an Accident ,	Autor Suicide L	, Hamic	PECIFY)	Inquiry  Jndetermined m	nanner .	DATE SIGNED.	9-24-	81
MEDICA COLIFE TH CGE 4 SH CGE 4 SH TER DEAT		EXAMINER'S NAME (TYPE OR PRINT)	VII	rginia L	. Dolan, M		ADDRESS_	111	Penn St		SIGNED		
PAZP Z A		Burial, CREMATION, R	OS	ept 28					reder:				Md.
2101 DHMH-17 (VR A15 ME (5)) 15M2/80	is 1	mith, Fac 06 East	leley	Keene h St.	y, Basfor Frederic	rd Fr	neral 21	Hons Hons	2 9 198	AR 256 REGIS	TRAR'S	MATURE.	Gar.

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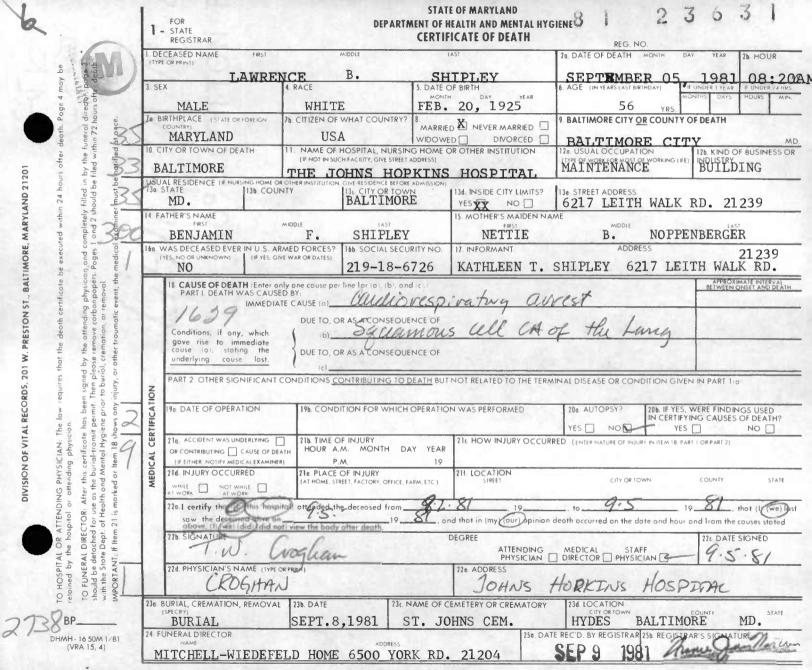
urdel Sont 20, 19.3 t. Clives Jem. Fodurick, reder ck, 94.

16	REGISTRAR A. ECEASED NAME FIRST	12-1-81 DEPA	CERTIFICATE OF DEAT	REG. NO.	ONTH DAY YEAR 25 HOLER
	PE OR PRINT) ALISC		SHIEL	9-8-81	7 8 8/ 229AM
3 S	EX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHD	AY) IF UNDER 1 YEAR IF UNDER 24 HR
1	Male	Cau.	6 28	99 82	YRS
3	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTE	MARRIED NEVER MARR		
	Scotland  Output  Outp	U.S.A. 11. NAME OF HOSPITAL, NUR	WIDOWED DIVOR		
	Balto. /	(IF NOT IN SUCH FACILITY, GIVE STI		(TYPE OF WORK FOR MOST OF W	ORKING LIFE) INDUSTRY
USI 130	JAL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	OTHER INSTITUTION, GIVE RESIDENCE BE	FORE ADMISSION)		C I KECILEG
>	Md. Bal				lea Ave.
14. F	ATHER'S NAME FIRST	MIDDLE LAST	15 MOTHER'S MA		LAST
CI"	Thomas WAS DECEASED EVER IN U.S. AR	Shiel		zabeth	Craik
	(YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)			
	no	ZI3-3	4-4559 Ann D	). Shiel 4111 O	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
	PARTI DEATH WAS CAUSE	D BY:	1		BETWEEN ONSET AND DEA
	4275 MMEDIA	DUE TO, OR AS A CONSE			
	Conditions, if any, which	(b)	V		
	gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSE	DUENCE OF		
		( (c) ANICER	ANCINA	THE TERMINAL DISEASE OR CONDIT	
Z	meta tat		Caucer > Au	· M.	ION GIVEN IN PART 11a
CERTIFICATION	190 DATE OF OPERATION	196, CONDITION FOR WH	CH OPERATION WAS PERFORME		Ob. IF YES, WERE FINDINGS USED
<b>二</b> 萬	8/8-17-81/	1919	MATINOVIET	YES NOW	N CERTIFYING CAUSES OF DEATH? YES \( \bigcap  \text{NO} \( \bigcap \)
	21a ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	Y OCCURRED (ENTER NATURE OF INJURY IN	NITEM 18 PART 1 OR PART 2)
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER	P.M. 8	11 1981 Fell o	out of bed.	
MEC	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFI	CE, FARM, ETC ) STREET	CITY OR TOWN	Balto. MD.
		in hospita		Home Hosp.	
	220. I certify that (I) this hospi sow the deceased give on above. (Maye) (did) (did no	t) view the body ofter death.	Nand that in tmy (Gur	opinion death accurred on the date	
	226. SIGNATURE		DEGREE		22c. DATE SIGNED
	Stece we			NDING MEDICAL STAFF SICIAN DIRECTOR PHYSICIAN	
	DR. S. NELS	ON - MD -		CHURCH HOSPITAL C	
-	SIECE	TYEZSCO		CABALTIMORE MARY	HAMP LEGIK.
230	BURIAL, CREMATION, REMOVAL (SPECIFY)  Burial		Moreland Cem.	CITY OR TOWN	Balto Md
	FUNERAL DIRECTOR			25a. DATE REC'D. BY REGISTRAR 256	
1.3	ohn C. Miller	The 6415	Selair Rd	OED 10 1981 8	seres Jan lour

5.5 B B B - Land State of the State of th . of the state of 

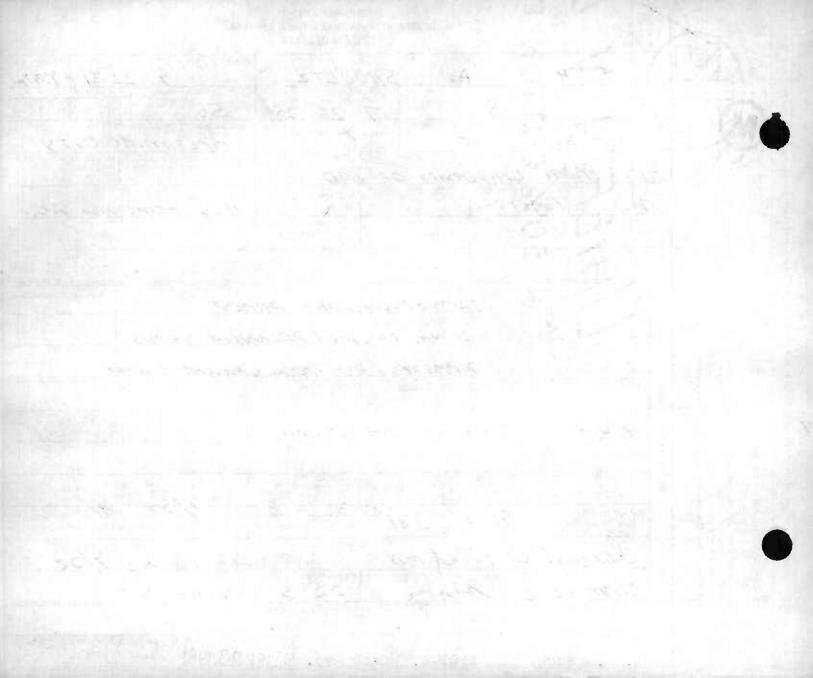
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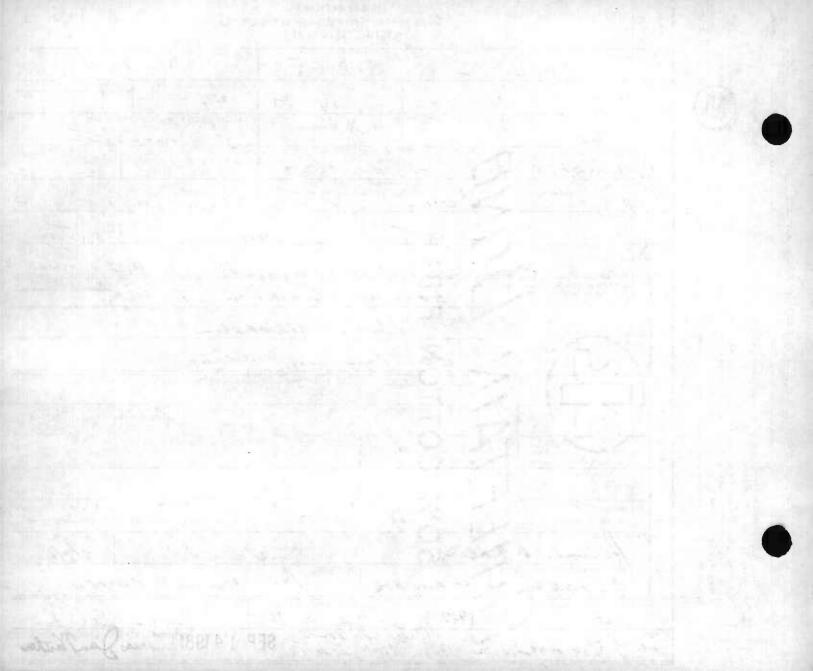


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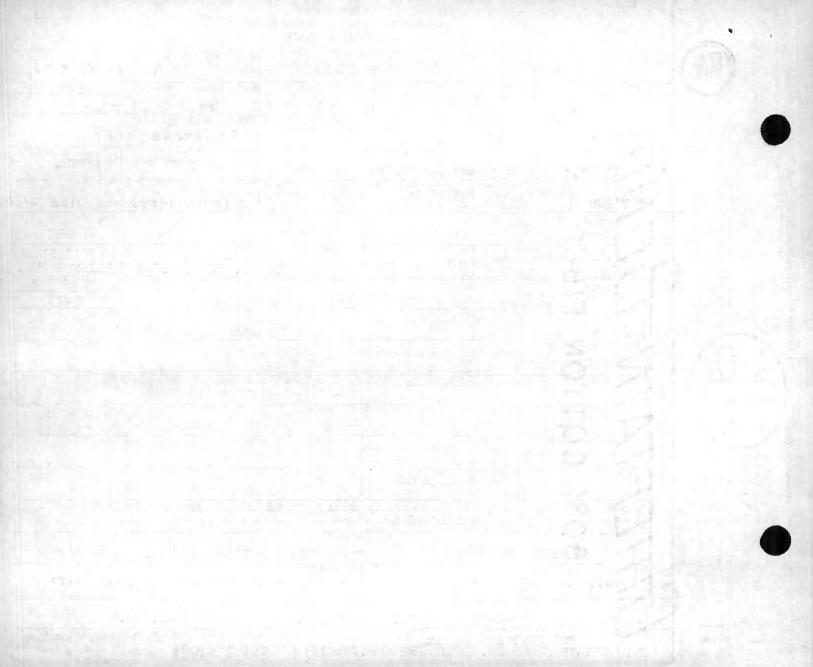
1.5	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 1 2	3 6 3 2
	DECEASED NAME FIRST YPE OR PRINT)  SAMUE		SHOR	20 DATE OF DEATH MONTH Sigt.	18 1981 7:45PM
	Male	white	5. DATE OF BIRTH MONTH DAY YEAR /2 /9/2	6. AGE (IN YEARS LAST BIRTHOAY)  OF YRS	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
BS	COUNTRY) OL SMARYLAND	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY <u>OR</u> COUNT	Y OF DEATH  MD.
1/2	BALTIMORE	(IF NOT IN SUCH FACILITY, GIVE STREET,	1 HOSPITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L	126. KIND OF BUSINESS OR INDUSTRY HECHT CO.
BS 130	SUAL RESIDENCE (IF NURSING HOWE OR OTH STATE HAD COUNTY MARYLAND FATHER'S NAME	ER INSTITUTION, GIVE RESIDENCE BEFORE  130 CITY OR TOW  BALTIMO!	N 13d. INSIDE CITY LIMITS?	MARSUE DR.	#21215
1030	BENJAMIN MIDO	SHOR	15 MOTHER'S MAIDEN NA FIRST MARY	WIDOLE	SAKOLS
0 12	WAS DECEASED EVER IN U.S. ARMÉT (YES, NO OR UNKNOWN) (IF YES, GIVE WA (YES) (WWII-A	R OR DATES)		TH MILLER 3810 BI	EL PRE RD. S.S.MI
n signed by the attending phys Then please remove corbon pag to burial, cremation, or remove injury, or other traumatic event.		DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)	arac arress		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  VEN IN PART 1(a)
Irronsit permit There of Hygiene prior to k	19a DATE OF OPERATION	0 0	OPERATION WAS PERFORMED	IN CERT	S, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES NO
he burial transind Mental Hygina dor Item 18 sh	OR CONTRIBUTION CONTRACTOR OF STATE	216. PLACE OF INJURY HOUR A.M. MONTH DA P.M. 216. PLACE OF INJURY	Y YEAR 19 211 LOCATION	RED (ENTER NATURE OF INJURY IN ITEM 18.	PART 1 OR PART 2)
h ond /	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, F		CITY OR TOWN	COUNTY STATE
thed for use lept, of Heal them 21 is m	220.1 certify that (1) (this hospital) saw the deceased alive an above. (1) (we) (did) (did not) vi 22b. SIGNATURE	ew the body after death.	DEGREE	death occurred on the date and ha	ur and from the causes stated  22c. DATE SIGNED
should be detacl with the State Di	22d. PHYSICIAN'S NAME (TYPE OR PRILL)		ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN DA	9/18/81 BELVEDERE, MG 2215
○ ♣ ₹ <u>7</u>	BURIAL, CREMATION, REMOVAL SPECIFY) BURIAL	3b. DATE 9/20/81 23c N	AME OF CEMETERY OR CREMATORY	23d LOCATION CITBALTTIMORE	COUNTY MARY EAND
0 4 433	FUNERAL DIRECTOR SOL LEV	No Diversi		E REC'D. BY REGISTRAR 256. REGIS	TRAR'S SIGNATURE FROM



11				STATE OF MARYLAND		~2 1 7	43
Of.	1	FOR	DEPARTA	MENT OF HEALTH AND MENTAL HYC	GIENE 8	3 0 0	and
	1 -	STATE REGISTRAR		CERTIFICATE OF DEATH			
	1 00		WIDDIE	i a C T	REG. NO.	AY YEAR 126 HC	
m.e		OP PRINT			20 DATE OF DEATH MONTH D	20.110	SUR
9 8 9		CAR	-L E	ShRous	9-9	-81 12:	30 PM
Aou D	1 SE	X	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHOAY)	IF UNDER TYEAR IF UND	DER 24 HRS
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- 86 (FINAL)		ale	- 1400	8 24 317	7 7 YRS.		
a a		RTHPLACE USTATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH	
dt all		Theo.	I CA.	WIDOWED DIVORCED	Ocetem one	Casty	ME
p 14 1	10. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION	120 DEVAL OCCUPATION	TIE KIND OF BUSH	NESS OR
_ # # DU	١,	0-11: 0-	(IF NOT IN SUCH FACILITY, GIVE STREET	1. //	(THE OF MORK FOR MOST OF WORKING LIFE		0
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MARYLAND 212D ted within 24 hours ond 2 should the examiner mu		AL RESIDENCE (IF NURSING HE III)	TY 112 CITY OR TOW		13e. STREET ADDRESS	10	
ND 244		trel.	Setimo		1402 W Jon.	bard 200.	21223
All hin hin hin hin	14 F.A	THER'S NAME		15. MOTHER'S MAIDEN NA	ME.		
With with d 22			MIDOLE DO LAST	First	MIDDLE	T INST	-
		Jussell	Shrow	Shirl	Rey	Spelze	1
d colores		VAS DECEASED EVER IN U.S. ARA	MED FORCES? 166 SOCIAL SECU	RITY NO. 17 INFORMANT	ADDRESS	1 00	1 21223
BALTIMORE, cote be executivistic on ond coopers. Pages I wol. the medical of the medical or the	(	ALD (IF YES, GIVE	= VIR 37-1	303 Heiland	y throut let	12 W. Low	band St
LTI.			3/0 22 /-	of January o	1. 2000. 17	APPROXIMATE IN	TERVAL
BA cotto cotto cope cotto cott	0	PART I. DEATH WAS CAUSED	ly one couse per line for (a), (b), on		e in . + an	APPROXIMATE IN BETWEEN ONSET A	ND DEATH
The physical property of the physical p	30		E CAUSE (a)	nou Cush	en, tase	14	
N Sing	11.	1-17/2		NICE OF			
seth rence co		Control	DUE TO, OR AS A CONSEQUE	hornie bles	en lin		
RES option		Conditions, if ony, which gove rise to immediate	(b)		, -, -, -, -, -, -, -, -, -, -, -, -, -,	+	
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by by ose		underlying cause last.	( care	of almoday	arnet.		
20 ned ned vrio		PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	SEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIVE	N IN PART I/a)	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST ING PHYSICIAN: The low requires that the death certical physician.  The this certificate has been signed by the attending post the burial-transit permit. Then please remove carbon the and Mental Hygiene prior to burial, cremation, or removed or them 18 shows ony injury, or other troumotic events or the please provided or the please prior to burial.	Z				THE BIOCHOL ON COLUMNIC TO THE		
OR rec	CERTIFICATION				To a consider the many		
s on	O	190 DATE OF OPERATION	196, CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSÝ? 20b. IF YES,	WERE FINDINGS US ING CAUSES OF DE	ATH?
The I The I cion. The I cion. The Shows shows	#				YES NOW YES		
VITA No. 1 hygici Hygi Hygi	3	21a. ACCIDENT WAS UNDERLYING		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 PA	RT T OR PART 2)	
P Physician P P Physician P P P P P P P P P P P P P P P P P P P		OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH DA	Y YEAR			
ON OF	<u>5</u>	(IF EITHER, NOTIFY MEDICAL EXAMINER)		19			
PHYSI cathis cather and Me and It is a dor It	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	21f. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
VIS ather on the contract of t	2	WHILE NOT WHILE	(M. Marie, Marie, M. Cont., Office, )	-			
Affi			al) attended the deceased from_	4/7 10 8/	9/9	9 81, that (1)	\ (we) less
A No.		sow the deceased alive on.	0/6	El and that in (my) (gus) payrian	deoth occurred on the date and hour		
Spirit Sp		abave (1) (we) (did) (did nat	view the bady after death.	, one that in (my) (aut) opinion		ond from the causes	storea
hoo ho ho ho he		726 SIGNATURE		DEGREE		224. DATE SIGNE	D
the Detacle		Helende	he hand	ATTENDING PHYSICIAN II	MEDICAL STAFF DIRECTOR PHYSICIAN	9/5/1	-
HOSPITAL ned by th FUNERAL I'ld be definite State ORTANT: I		22d PHYSICIAN'S NAME (TYPE OF	R PRINT)	22e ADDRESS 6	2 DIRECTOR THIS CIAIT	1///	_
OSF UN d b	017	4		16	1. A.	out a	
7 7 7 7 7		ROFENE	. A Son Bun	0 134	ass rest l'a	714	
5 5 5 ₹ ¥ ₹	23a. E	URIAL, CREMATION, REMOVAL	23b. DATE 23c. h	AME OF CEMETERY OR CREMATORY	23d. LOCATION		
40 000		SPECIFY)	9-14-1981 4	and Laure from Ok.	CITY OR TOWN	Sound In	STAIS
10 ator	_		1/1/01/62	162 1.000	HTW and	-E	
DHMH-16 30M 2/80	(	UNERAL DIRECTOR	ADDRESS	CE - Kel - 21223 250 5	E BEC'D BYREGISTRAR ME TEGISTR	A SSIGNATURE	reference.
(VRA 15, 4)	1	thes. Comas +	Loy Onc. 901.	Holling &.	TI TIOUIC , STOCK	Hand Wi	Chris

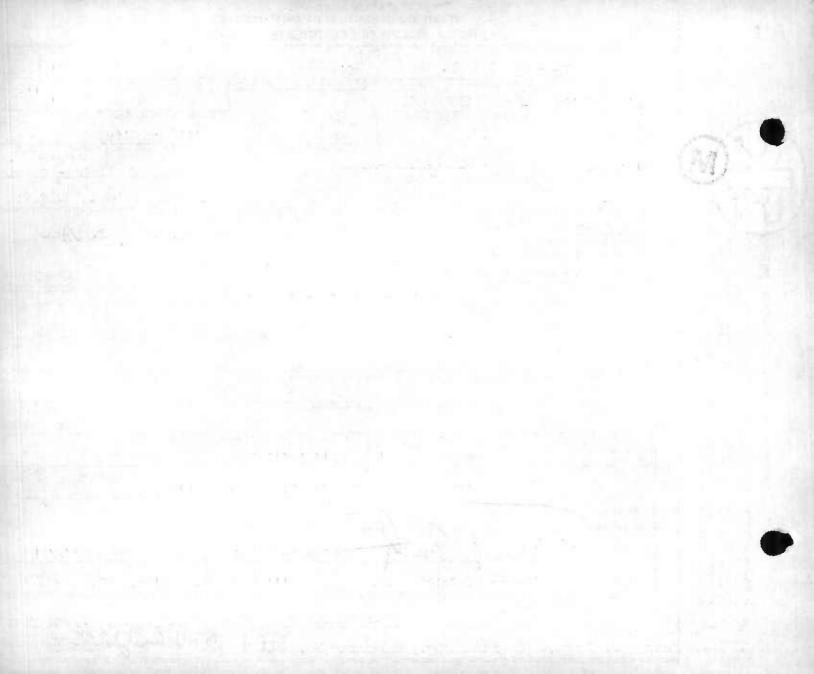


"reprofes a receipt and resulting Arrivation"



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME 20 DATE OF DEATH MONTH (TYPE OR PRINT) FLORENCE 09/23/81 SILVERMAN 09:50A 3 SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) **FEMALE** WHITE OCT. 12, 1896 85 TO BIRTHPLACE I STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVERMARRIED BALTIMORE CITY RUSSIA USA WIDOWEDXX 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12g. USUAL OCCUPATION 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY JOHNS HOPKINS HOSPITAL BALTIMORE HOUSE WIFE AT HOME USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13b COUNTY 13c. CITY OR TOWN 13e STREET ADDRESS 13d INSIDE CITY LIMITS? BALTIMORE MARYLAND 2401 MARYLAND AVE. 21218 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE ISIDORE LEAH FE LDMAN UNKNOWN 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT MRS. LUCILTEESSTARK NO OR UNKNOWN) LIF YES, GIVE WAR OR DATEST 218-46-8361 6939 FIELDCREST RD. BALTO., MD 21215 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for sal, (b), and Iculi PART I. DEATH WAS CAUSED BY: 10 min IMMEDIATE CAUSE (o. gove rise to immediate cause (a), stoting the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 90 DATE OF 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH NO 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIF EITHER NOTIFY MEDICAL EXAMINERS 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OF TOWN COUNTY STATE AT HOME STREET, FACTORY OFFICE FARM ETC ) WHILE NOT WHILE AT WORK 220.1 certify that (1) (this hospital) attended the deceased from\_ and that in (my) (aur) apinian death accurred on the date and haur and from the causes stated saw the deceared live on \_\_above, (1) (we (did) 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN | should by 230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY BURIAL. 9/25/81 HAR SINAT OWINGS MILLS 24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. DHMH - 16 50M 1/81 (VRA 15. 4) 6010 REISTERSTOWN RD. BALTO., MD.

	1-	FOR STATE REGISTRAR				STAT MENT OF H EXAMINE	EALTH		ENTAL H		н	REG. NO	2 3	5 5	3	8
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TO FUNERAL DIRECTOR: PAGE 3: AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P		22a. I certify death resulte ACTUAL SIGNATURE		gel couser	Accident	nut f	Autops	Homic TITLE (S		Undetern	Inquiry I	nner .	nd in my o DATE SIGN		9/2/8	31
FUNE TER DE		EXAMINER'S I	NAME IT)	Thomas D.	Smit	h, M.D.		ADDRESS_	111	Penn	St.	Balt	o., N	MD.		
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		E OR PRINT)	AKA Nannie	SIMMS	20. DATE OF DEATH		26 HOUR
	3 SE		4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST B		IF UNDER 24 H
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120	70-8	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIED WEVER MARRIED		OR COUNTY OF DEATH	1.47
A	0 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL NURSIN	WIDOWED DIVORCED NG HOME OR OTHER INSTITUTION		TION 126. KIND OF	F BUSINESS
1	1	BALT. OTT	(IF NOT IN SUCH FACILITY GIVE STREPT	cuior- (De Hosp	(TYPE OF WORK FOR MOST		BOSINESS
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E	1 5		1140 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDIN	
ws ony in	FICAT	190 DATE OF OPERATION			30	IN CERTIFYING CAUSES	OF DEATH?
Shows	ERTIFICAT			216 HOW INJURY OCC	YES NO	YES 🗀	
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Joseph L. Juss-2250 Web Lords we Str.

Leonard J Ruck Inc. Baltimore, Maryland

STATE

(VRA 15, 4)

REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

1981

Openes

1630 Edmondson Avenue, Catonsville, Md. 21228

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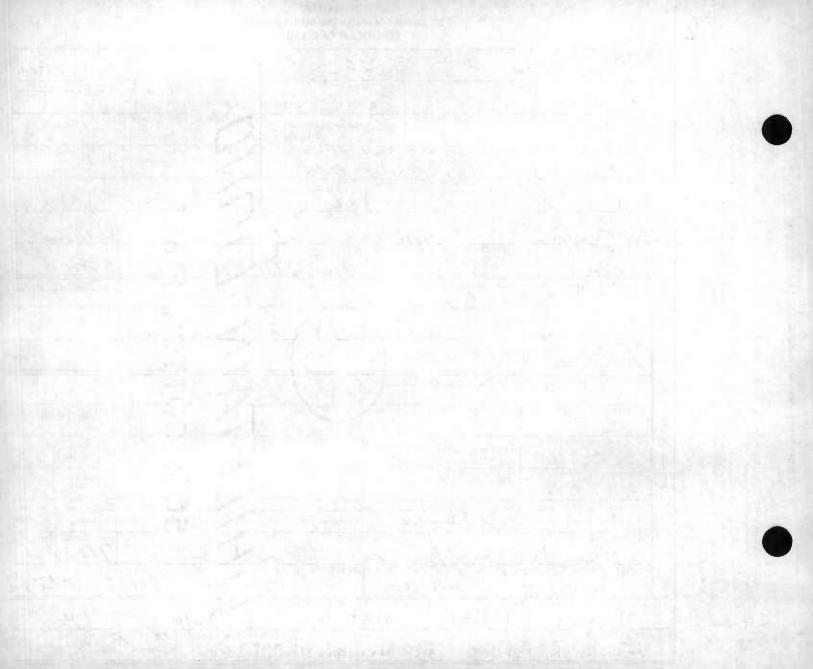
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(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

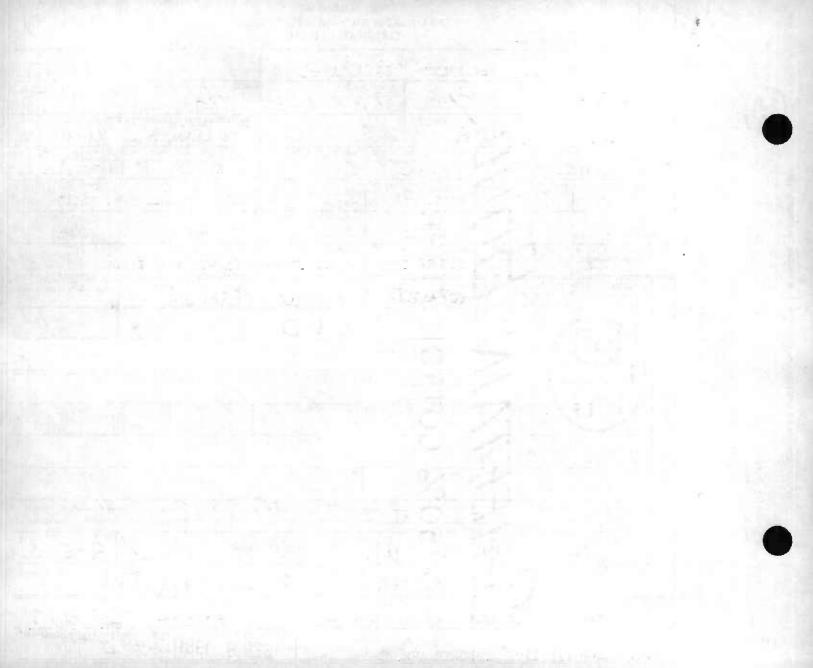
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	oth oth		CEASED NAME FIRST CHARLES	MIDDLE R.	SIX	20. DATE OF DEATH MONTH	11 - 8/ 11:01 P. M
		3. SE	Male	4 RACE White	5. DATE OF BIRTH  Mar. 3, 1907	6. AGE (IN YEARS LAST BIRTHDAY) 74 YRS	
	decth a	F	IRTHPLACE ISTATE OFFOREIGN COUNTRY PERCENTICK, Md		MARRIED   NEVER MARRIED   WIDOWED   DIVORCED	9. BALTIMORE CITY OR COUN BALTIMORE CIT	Y MD.
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MARYLAND 2120	hin 24 ho	130.	STATE 1 136 COU		Vick 13d INSIDE CITY LIMITS? YES NO 1	13e STREET ADDRESS 800 Motter	Avenue
	amplete ond 2		Osborn Engle	Six LAST	Mamie	D. MIDDLE	oone
BALTIMORE,	be execu-		WAS DECEASED EVER IN U.S. AL YES. NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 166 SOCIAL SEC VE WAR OR DATES) 233-03	urity No. 17. INFORMANT Ball -5959 Mrs. Barl	ltimore, ADDRESS Me bara Lange-509	
PRESTON ST., BAI	e death certificate e attending physici move carbompape, nation, or removal. traumatic event, th			nly one cause per line for (a), (b), at ED BY: TE CAUSE (a)	ENCE OF	arrest	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. I	requires that the signed by the Then please re ar ta burial, crerining, ar ather	NOIL		prior Myo	DEATH BUT NOT RELATED TO THE TERM	ens	
AL RECO	The law ion.	CERTIFICATION	19a DATE OF OPERATION		OPERATION WAS PERFORMED	YES NO NO CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES \( \text{ NO } \( \text{ }\)
N OF VII	PHYSICIAN: ending physis this certificat te burial-tran ad Mental Hys d ar Item 18 s	MEDICAL CE	210. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING  CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE	ATH HOUR A.M. MONTH D	AY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 11	8 PART 1 OR PART 2)
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	ATTENDI aspitol or CCTOR: A d for use t. of Heal m 21 is m		saw the deceased alive at abave, (I) (we) (did) (did no	ital) attended the deceased from		death occurred on the date and h	
	AL OR the hor DIRE detochers are Dep		226. SIGNATURE	- Charles	DEGREE ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN	220 DATE SIGNED 9/11/8/
	TO HOSPITAL retained by th TO FUNERAL should be det with the State IMPORTANT:		M. Lawre	ince Kaplan, 1	4.D. Unin Hem		Balto, MD
	BP	23a.	BURIAL, CREMATION, REMOVA (SPECIFY) Burial		NAME OF CEMETERY OR CREMATORY  t. Olivet Cemet	23d LOCATION CITY OF TOWN  ETU - Grederi	county Md. STATE
	DHMH-16 30M 2/80 (VRA 15, 4)	24 F	UNERAL DIRECTOR John O	H. Moran, Inc. Baltimore St. ADDRESS	25a. DA	TE REC'D. BY REGISTRAR 255, REGI	

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FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE S

CERTIFICATE OF DEATH

23646

- STATE REGISTRAR	DEI ARI	CERTIFICATE OF DEATH	REG. NO.	
1. DECEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
Ann	ie Pearl	Smith	Sept. 22, 19	81
3. SEX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS.
Female	White	July 18, 1884"	97 YR	MONTHS DAYS HOURS MIN.
70 BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY	8. MARRIED NEVER MARRIED	BALTIMOPE CITY OF COLD	
Maryland	USA	WIDOWED DIVORCED	Baltimore. C.	itu MD.
Baltimore	19 Harvey	NG HOME OR OTHER INSTITUTION *ADDRESS! Ltv. Md.	120 USUAL OCCUPATION (1796 OF WORK FOR MOST OF WORKIN	126 KIND OF BUSINESS OR
USUAL RESIDENCE (IF NURSING HOME 13g STATE 13b CO Maryland	OR OTHER INSTITUTION GIVE RESIDENCE BEFOR UNITY Baltimore	VN 13d. INSIDE CITY LIMITS	? 13. STREET ADDRESS 719 Harvey St	.Balto.Md.
14. FATHER'S NAME  Parid	MIDDLE Evans	15. MOTHER'S MAIDEN	NAME	Ball
16a, WAS DECEASED EVER IN U.S. A (YES, Y) OR UNKNOWN) (IF YES, O	ARMED FORCES? 166 SOCIAL SEC GIVE WAR OR DATES) 217-01-	URITY NO. 17 INFORMANT	ADDRESS	ey St. Balto.Md.
PART I. DEATH WAS CAU	ONLY ONE COUSE PER TIME FOR (0.1.25%, 0.1.25ED BY:  ATE CAUSE (0.)  DUE TO, OR AS A CONSEQUE  (c)  (c)	ENCE OF	Cardio Vasul	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TO	erminal disease or condition	GIVEN IN PART 1101
190 DATE OF OPERATION .	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED	280 AUTOPSY? 286. IF IN CER	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
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sow the deceased alive o	pital) attended the deceased from 2 2 19	, ond that in (my) (our) opini	on death accurred on the date and I	hour and from the causes stated
Po Cano	V. Soco	DEGREE ATTENDING PHYSICIAN	STAFF DIRECTOR PHYSICIAN	22. DATE SIGNED 9-22-8/
728 PHYSICIAN'S NAME (JYP)	OR PRINT)	22e ADDRESS		

2402BP\_

DHMH - 16 50M 1/81 (VRA 15, 4) 230. BURIAL, CREMATION, REMOVAL 236. DATE Sept.

24 FUNERAL DIRECTOR

otando V. Goco

23c. NAME OF CEMETERY OR CREMATORY

DRY 23d LOCATION

Fort Ave, Balt. nd 21430

Cedan Hill Cemetery Baltimore, Maryla

Mc ully Funeral Home, 130 E. Fort Ave. Balto. Md.

SEP 25 1981 Prince

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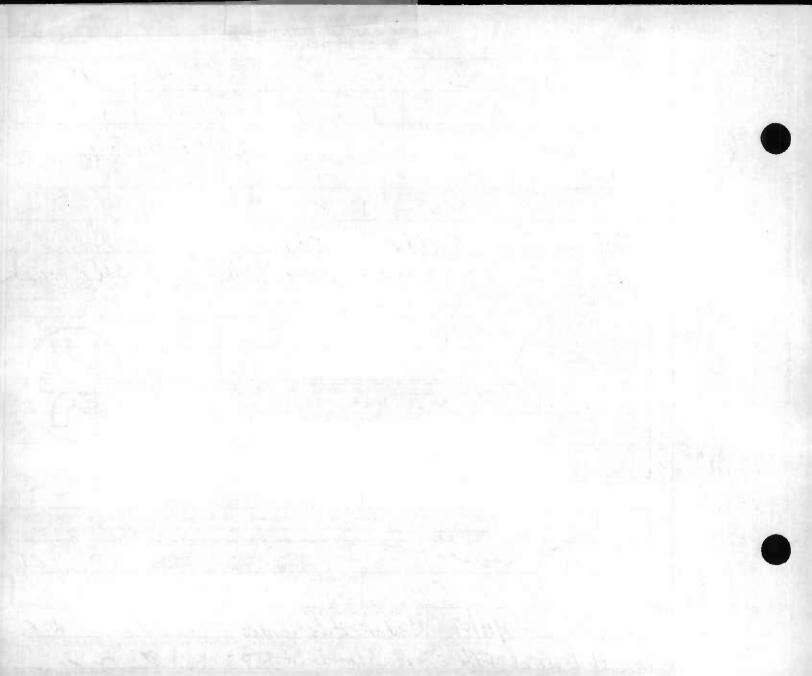
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	ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be	After this certificate has been signed by the attending physician and completely filled in by the criminal attends, page 3 as the burlet transit permit. Then please remove carbon pages? Pages 1 and 2 should be tilled into
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	ING PHYSICIAN: The le	After this certificate has been signed by the attending physic os the burial-transit permit. Then please remove carban papers
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DHMH-16 30M 2/80 (VRA 15, 4)

		1.	FOR STATE REGISTRAR	D	EPARTMENT OF	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	IENE ()   REG. NO.	2 3 6	4 8
page 3 or death			CEASED NAME FIRS	sil. L.	51	MITH.	20. DATE OF DEATH MONT	G 81	2b HOUR M
s ofter o		3. SE	×F	4 RACE B	S. DATE	OF BIRTH  H DAY YEAR  12	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	HOURS MIN.
(1)	18	3	RTHPLACE ISTATE OR FOREIG	76 CITIZEN OF WHAT CO	UNTRY? 8 MARRIE WIDOW	ED NEVER MARRIED DIVORCED	9. Baltimore orty or co	- / /	MD.
filed in	1/2		BALTO	11. NAME OF HOSPITAL,	HOS P		17th USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR		BUSINESS OR
filled in hauld be	3	13a. S	MD	COUNTY 13c. CITY	nce before admission) OR TOWN TLTD	YES NO	30 STREET ADDRESS Ke	lly Are	
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s. Pages	e medico		VAS DECEASED EVER IN U. (ES, NO OR UNKNOWN) {IF Y	S. ARMED FORCES? 16b SOCI	22-4289	of George S	nth 2009	Kelly	Arenes
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ertificate	tem 18 st		21s. ACCIDENT WAS UNDERLYN OR CONTRIBUTING COLUMN LIFETHER, NOTHY MEDICAL EX-	OF DEATH HOUR A.M. MON	ITH DAY YEAR	27c HOW INJURY OCCURR	ED CENTER MATURE OF INJURY IN IT	EM 18 PART I DE PART 2].	
ther this case the burning	orked or I	MEDICAL	214. INJURY OCCURRED  WHELL IN HOL WHELE IN THE STATE OF	21e. PLACE OF INJURY		TH LOCATION	CITYON TOWN	COUNTY	STATE
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TO FUNERAL should be dete	With the Store		228- PHYSICIAN'S NAME	KARIMA	10		torpital,	Balto	
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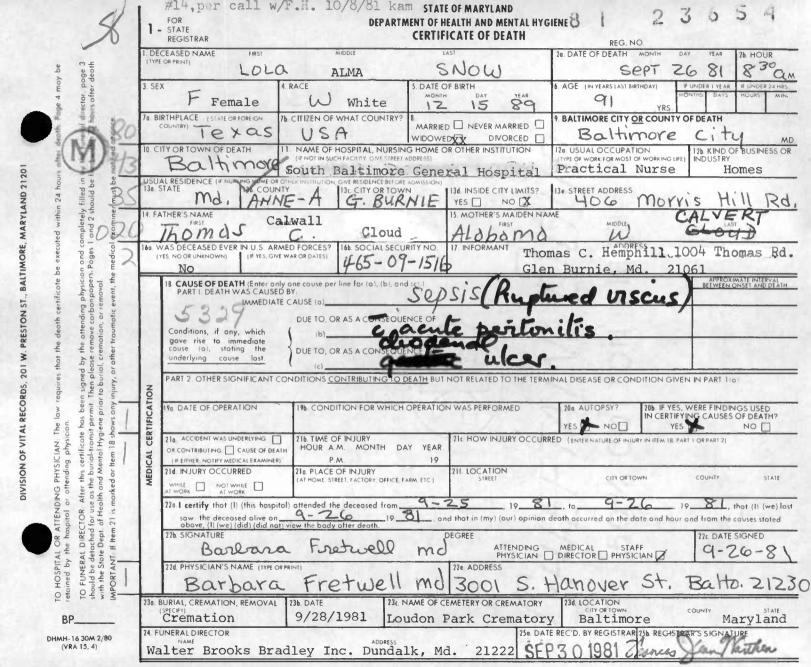
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noy be page 3		ECEASED NAME DE OR PRINT)	FIRST	NE	MIDDLE .	SM	INTIL		20. DATE OF DEAT		26-81	26. HOUR 2
for, po	3. SE	FEMALE		4 RACE BLACK		5 DATE	OF BIRTH	O YAR	6 AGE (IN YEARS LA	T BIRTHDAY)	IF UNDER I YEAR	IF UNDER 2 HR
oth. Pog	70. B	ARY LAND	FOREIGN		WHAT COUNTRY	? 8 MARRIE	D NEVER A	MARRIED -	9 BALTIMORE CIT	Y OR COUNT	Y OF DEATH	
ofter de	10 0	ALTIMORE	ATH	11. NAME OF	HOSPITAL, NURSI	NG HOME OF	OR OTHER INST	VORCED [	120 USUAL OCCUI	PATION	126 KIND OF	BUSINESS
24 hours	USU	AL RESIDENCE (IF NURS STATE ARYLAND	13b COUN	OTHER INSTITUTION		RE ADMISSION)	13d. INSIDE C	ITY LIMITS?	13° 5727 AD05			
d within appletely fond 2 spo	14. F.	ATHER'S NAME JOHN		MIDDLE	MARSHAL		15. MOTHER'S	MIE			WATTS LAST	
Pages of	16n \	WAS DECEASED EVER	IN U.S. AR		16b SOCIAL SEC		17. INFORMA			DRESS	RE ROAD	
low requires that the death so been signed by the attend ermit. Then please remove co e prior to burol. cremation, o	CERTIFICATION	Conditions, if ony, gove rise to imm cause (a), storin underlying cause  PART 2 OTHER SIGN  LARGE  19a DATE OF OPERAL	nediate g the last.	DUE TO, CO.	ONTRIBUTING TO	DEATH BUT	IRE;	PNE	INAL DISEASE OR C	20b. IF YE	VEN IN PART 1(a)	GS USED DF DEATH?
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DR ATTENDING: haspital ar a IRECTOR: After hed far use as healt, of Health if them 21 is mark		220. I certify that (I) sow the decease obave, (I) (we) (c 22b. SIGNATURE	(this hospited alive and	41	de 195		DEGREE A	(our) opinion of		TAFF		
TO HOSPITAL Cretained by the TO FUNERAL Eshould be detained in the State ElimphoRTANT; if		DRLANG		-	NANAN	, Mi	22e. ADDRES		RANDA		ww. r	ud 2
2 BP	230.	BURIAL GREMATION,	REMOVAL	236. DATE 9-30-8	23¢.	/	EMETERY OR C	REMATORY PK	BALTIMO		COUNTY	STATE
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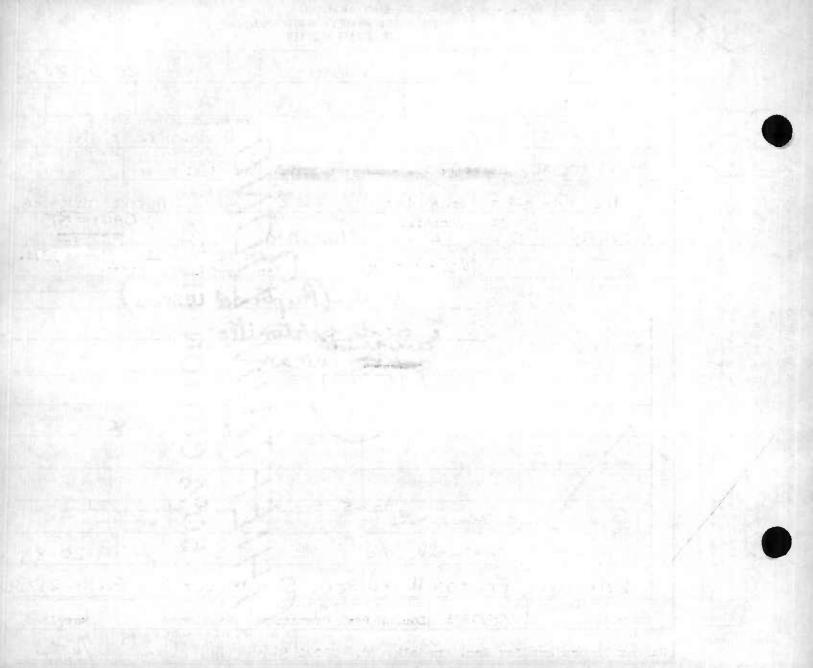
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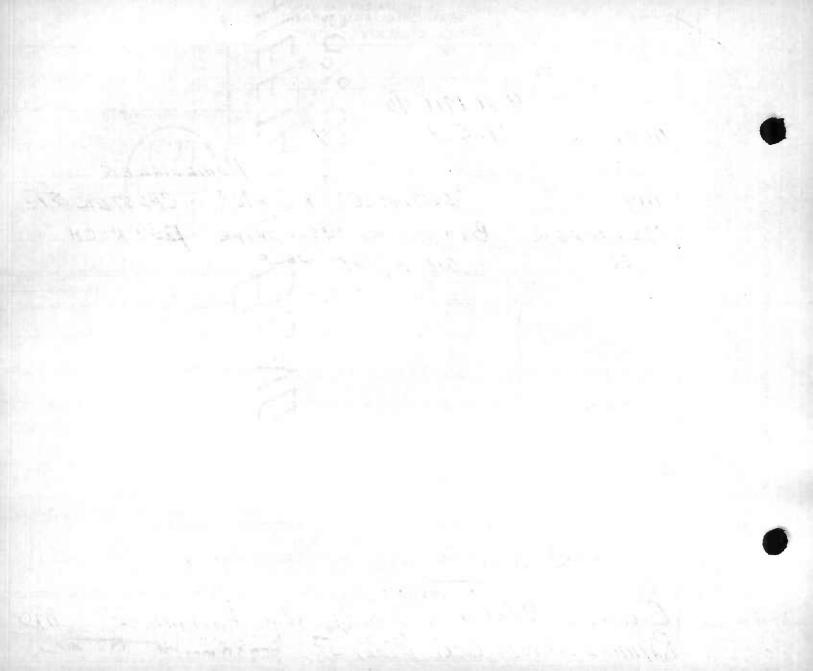
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	11	1	FOR	STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3 2 3	5 5 5
//	1	0	STATE REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
1	/ 1		DECEASED NAME FIRST	MIDDLE LAST 20. DATE KNOWN MONTH OF ESTI-	DAY YEAR 2b. HOUR
	EL SS ES .		Bert	ha Sobus DEATH MATED 🗚 9	3 19 81 M
	PLEASE ECTOR: R FILES. HOURS STREET,	3. S	EX 4. RACE	5. DATE OF BIRTH MONTH DAY YEAR LAST BIRTHDAY MONTHS DAYS HOURS MIN PRONOUNCED	DAY YEAR 2d HOUR
	3000		female white	4 21 1911 70 YRS. DEAD 0	5 19 87 8:19
	(報報)	1	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	16 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY	OF DEATH
	2 Sections	2/10	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 170 USUAL OCCUPATION (1792 OF WORK)	MD. MND OF BUSINESS
	PAGE PAGE PERIE	0	Baltimore	108 S. Chester Street Homemakes	OR INDUSTRY
	PENGO	USI 13e.	JAL RESIDENCE (IF IN NURSING HOME O STATE 136 COUN	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	
	F ANY C R. AND 3 SHOULD L. RECORD	2	mo	DALTIMORE YES NO 108 SICHESTE	R 51-
	E-FOD.	14.	FATHER'S NAME	MIDDLE 15. MOTHER'S MAIDEN NAME FIRST MIDDLE	LAST
	P DEATH AGES 1. AND 1.	100	WAS DECEASED EVER IN U.S. ARA	MED FORCES? 1166 SOCIAL SECURITY NO. 117. INFORMANY. ADDRESS	CH
	WAST., BALLIMORE, MD. 2120 4 HOURS AFTER DEATH. IF ANY EM.18. GIVE PAGES 1.2. A.D. DNG WITH FORM PM. 3. RETA ERMIT. PAGES 1.4. AND 2.5. HOUL IEINE, DIVISION OF WITH RECO.	1	(YES, NO, OR HIKNOWN) (IF YES, GIVE	WAR OR DATES)  18. 13.7599  SELF	
	S. GIV			ly ane cause per line far (o), (b), and (c).)	APPROXIMATE INTERVAL
	NA HOUR		PART I DEATH WAS CAUSED	DBY:  TE CAUSE (a) Arteriosclerotic cardiovascular disease	BETWEEN ONSET AND DEATH
	0 2 = 3 = 10 >		4292	( DUE TO, OR AS A CONSEQUENCE OF	
	A ANS		Conditions, if ony, which gove rise to immediate	(b)	
10.3	ZUI W. PRESION SI., B. UTED WITHIN 24 HOURS IN PENCIL IN ITEM 18. C EXAMINER ALONG WIT SIAL-TRANSIT PERMIT. P D MENTAL HYGIENE, DII, ON, OR REMOVAL.		couse (a) stating the <u>under-</u> lying couse lost.	DUE TO, OR AS A CONSEQUENCE OF	
				(c)	
		Z		CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
	HEALT OF	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
	A SE	1			YES NOXIX
	AENI THE OBI	7 8		216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART	
	OR TO THE OR THE	3	UNDERLYING OR CONTRIBUTING CAUSE OF D	DEATH P.M. 19	
	CERTITION OF THE PROPERTY OF T	MEDICAL	218. INJURY OCCURRED  WHILE NOT WHILE	210 PLACE OF INJURY (ATHOME, 211, LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUN	ATY STATE
	DIVISION OF VITAL REC THIS CERTIFICATE SHOULD B CATE, WRITING THE WORD "PEN FORWARDED TO THE CHIEF ME OR: PAGE 3 SHOULD BE USED AS HE STATE DEPARTMENT OF HEAL ND, 21201 PRIOR TO BURIAL, CR		AT WORK AT WORK		
	PES. ND.		22a I certify that I taak charg	ge of the remains described above, held on Autapsy . Inspection . Inquiry . ond in my opin	nion
	BE STA		death resulted from Notur	Accident , Suicide , Homicide , Undetermined manner ,	
	WAY WAY		ACTUAL LID	TITLE (SPECIFY)  M.D. ASSISTANT MEDICAL EXAMINER SIGNED	9/6/81
	SE STAN	7	SIGNATURE	M.D. ASSISTANT MEDICAL EXAMINER SIGNED	9/0/01
	TO MEDICAL EXAMINER: THIS CER EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 38 AFTER DEATH, WITH THE STATE DEI BALTIMORE, MARYLAND, 21201 PF	od -	EXAMINER'S NAME	Hormez R. Guard M.D. ADDRESSILL Penn Street. Baltimore	MD
E Sec	OXKOFK				1111/
I am seems a	E05549	23a	BUNAL, CREMATION, REMOVAL 2	36 DATE 231. NAME OF CEMETERY OR CREMATORY 23LLEGATION COUNT	
020	BP	4	BUNIAL, CREMATION, REMOVAL 2 DURIAL DURIAL	134 DATE ST STANISLAUC EM- PAITION COUNT	STATE
020	-1	4		THE DATE A 122 NAME OF CEMETERY OF CREMATORY 1734-160ATION	STATE



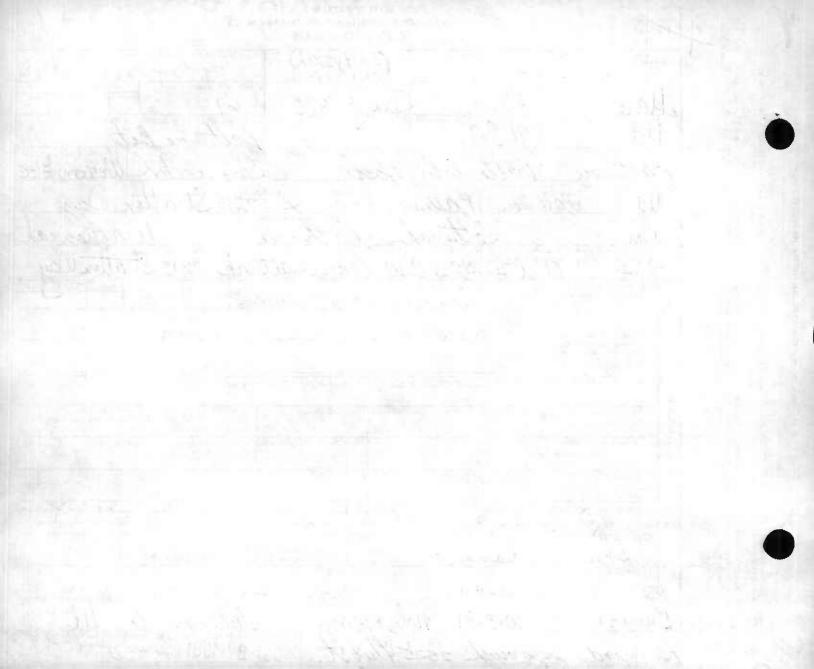
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4905 York Road

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8\_

F. 100 SOULERS Sept. 18, 1991 Write Feb. 8, 1829 a USA (all x - Editimons City Entitle ora Union Warrant Hospital Hospital Dwn Hors Nuryland Baltimore x 2 27 Yark Court Charles A. Shipley ide May Chouse 218 80 2017 Mrs. Lucy Wood \_\_\_\_ Sang\_\_ Pikesville. No. Burrint 8/22/81 Druid Ridge Henry W. Jankins & SonsyCo. KUS York Food Euto., AM. 21212 -



DHMH - 16 50M 1/B1

(VRA 15, 4)

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME FIRST MIDDLE 20. DATE OF DEATH 26 HOUR TYPE OF PRINTI Charles H. Soudars Jr. 5 81 3. SEX 4 RACE 5. DATE OF BIRTH 6 AGE [IN YEARS LAST BIRTHDAY] IF UNDER I YEAR IF UNDER 24 HRS ď7 Mala White 28 74 YRS M. BIRTHPLACE I STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore City Maryland USA WIDOWED DIVORCED [ 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR NOT IN SUCH FACILITY, GIVE STREET ADDRESS TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Rock Glan Road Baltimore Managar - Retired Tavarn LIBUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 30. STATE 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Baltimore 103 N. Rock Glen Road YES 🔀 NO 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Charlee H. Souders Sr. Sarah Eberling 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO ADDRESS 17 INFORMANT (YES NO OR UNKNOWN) LIE YES GIVE WAR OR DATEST Yas WW11 216-03-6433A Mrs. Charles H. Soudere Jr. Same ae # 18 CAUSE OF DEATH (Enter only one couse per line for BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE 10 Conditions, if ony, which gove rise to immediate couse to, stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIO CERTIFICATION CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES [ 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 19 P.M 21d INJURY OCCURRED 21f. LOCATION 21e PLACE OF INJURY AT HOME STREET, FACTORY, OFFICE, FARM ETC ) CITY OR TOWN COUNTY STATE WHILE NOT WHILE 22a. I certify that (I) (the base of ottended, the deceased from sow the deceased alive on, , and that in (my) ( opinion death occurred on the date and hour and from the causes stated did not) view the body ofter death 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF

PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT 29e ADDRESS

230 BURIAL, CREMATION, REMOVAL 23b DATE (SPEC Burial 9/9/81 Lorraina Park Cemetery

23c NAME OF CEMETERY OR CREMATORY

Catonsville, Md. 21228

Baltimora

24 FUNERAL DIRECTOR 1630 Edmondson Avenue

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR

STATMd.

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MITCHELL-WIEDEFELD HOME 6500 YORK RD. 21212

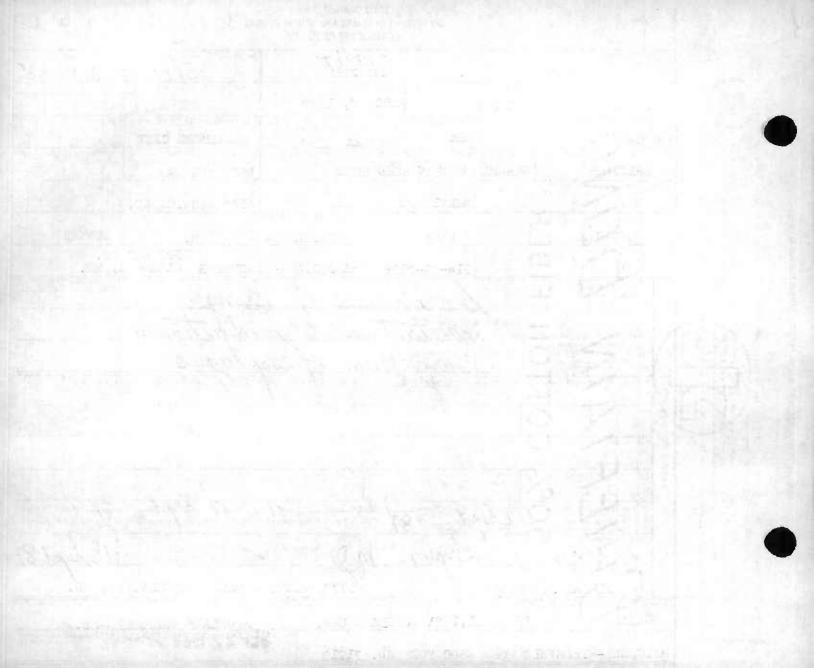
FOR

(VRA 15, 4)

STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE &



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MPORTANT: If hem should be detached with the State Dept.

1	(M)	FOR STATE REGISTRAR		DEPAR	STATE OF TMENT OF HEAL CERTIFICA		MENTAL HY		2	3	Q
	a Par	I DECEASED NAME	VERNON	Pippin	SP)	EDDEN	Jr.	20. DATE OF DEATH		DAY	YEAR 8:
	B 00 19	3 SEX	4.	RACE	5 DATE OF B	IRTH		6. AGE (IN YEARS LAS	1 BIRTHDAY	IF UND	ER I YE
	ige 4 rector	MALE		WHITE	12	7	26	54	YRS	MONTHS	DAY
	rol di	To BIRTHPLACE (STATE	OR FOREIGN 76	CITIZEN OF WHAT COUNTRY	? 8 MARRIEDX	NEVER A	ARRIED -	9 BALTIMORE CIT		Y OF DE	HTA

1:15AM IF UNDER 24 HRS MARYLAND U.S.A. WIDOWED DIVORCED | BALTIMORE CITY 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TTYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY BALTIMORE President BALTIMORE. MARYLAND Recordings 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Harford 4053 TREBOR COURT MARYT AND TARRETTSVILLE NO X 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE FIRST - OXB Vernon Pippin Spedden Henrietta Ewald 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 166 SOCIAL SECURITY NO 17 INFORMANT (YES NO OR UNKNOWN) HE YES GIVE WAR OR DATES! YES R. Spedden WWII 217-20-3626 as above Len same APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE ID vamous colo Conditions, if ony, which gove rise to immediate couse iol, stoting AS A CONSEQUENCE OF underlying couse fost CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOX YES [ NO [ 21a ACCIDENT WAS UNDERLYING 71h TIME OF INJURY 21c. HOW INJURY OCCURRED FINTER NATURE OF INJURY IN ITEM 18 PART LOR PART 23 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) PM 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) CITY OR TOWN COUNTY STATE WHILE NOT WHILE 220.1 certify that X (this haspital) attended the deceased from sow the deceased alive as SEPTEMBER 1 obove, XI (we) (did) (did not view the body after death 81 (our) opinion death occurred on the date and hour and from the causes stated DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e. ADDRESS 3900 LOCH RAVEN BLVD. BALTO. MD 21218

DHMH - 16 50M 1/81 (VRA 15, 4)

BP

0

ATTENDING

W. Kurtz Benjamin

Cremation

23b. DATE

23a. BURIAL CREMATION, REMOVAL

24 FUNERAL DIRECTOR

Jarrettsville.

231 NAME OF CEMETERY OR CREMATORY

Mount

Crematory Baltimore טכו name

23d. LOCATION

STRAR'S SIGNATURE

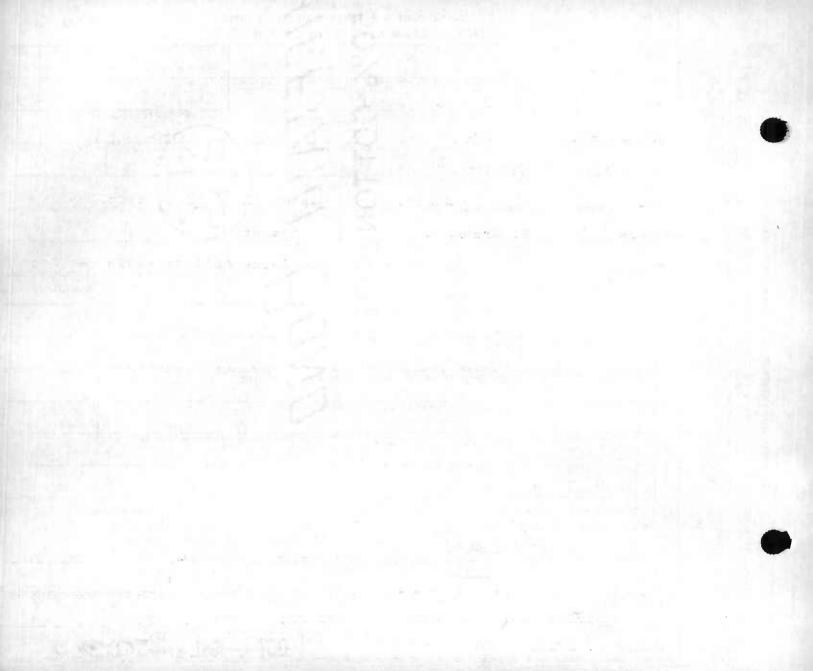
Md.

2b HOUR

A Selection of the Sele Wolfale Company of Manhard Company of the Company o Die to describe the description of the second of the secon Senjerin II. surits Surface Structure I administration

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO. MIDDLE I. DECEASED NAME X MONTH 20. DATE KNOWN 7h HOUR (TYPE OR PRINT) OF ESTI-S NECESSARY, PLEASE EFUNERAL STRECTOR. E 5 FOR YOUR FILES. ED, WITH N 72 HOURS W, PRESTON STREET, DEATH MATED 28 81 Almerthea Spence 5. DATE OF BIRTH IF UNDER 24 HRS YEAR 2d HOUR DATE YEAR LAST BIRTHDAY) PRONOUNCED DEAD female 5 24 35 46 28 black 198 76. CITIZEN OF WHAT COUNTRY? ₹6. BIRTHPLACE 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED KNEVER MARRIED FOREIGN COUNTRY) WIDOWED [ DIVORCED Baltimore City

UPATION (TYPE OF WORK 1726 KIND OF BUSINESS USA Balto., Md FILED. ID CITY OR TOWN OF DEATH HEF MEDICAL EXAMINER ALONG WITH GRAP PAGES 1, 2, AND 3 TO THEF USED AS A BURIAL - TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED, OF HEATTH AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS, 201 WIRIAL, CREMATION, OR REMOVAL. 11 NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION TYPE OF WORK OR INDUSTRY FOR MOST OF WORKING LIFE! Baltimore Provident Hospita 13a. STATE 13c. CITY OR TOWN 13b COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 1600 Vincent Ct. Balto. YES DE NO Md 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST FIRST LAST FIRST Elizabeth Thomas Drummond 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 16b. SOCIAL SECURITY NO IYES NO OR UNKNOWNI Vondelette Gaither 4609B Pen Lucy R 34 6732 No APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART | DEATH WAS CAUSED BY Stab wound of chest IMMEDIATE CAUSE (o)\_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION FORWARDED TO THE CHIEF M TOR: PAGE 3 SHOULD BE USED A 1 THE STATE DEPARTMENT OF HEA AND, 21201 PRIOR TO BURIAL, C 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES Q Y NO 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY approx 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 UNDERLYING OR MEDICAL subject stabbed CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION ( AT HOME TO MEDICAL EXAMENTED RECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3: AFTER DEATH, WITH THE STATE DE BALTMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) Mountmor Court, Baltimore City, WHILE AT WORK house 22a I certify that I took charge of the remains described above, held an VV Inspection Inquiry and in my opinion Homicide LXX death resulted from: Undetermined monner TITLE (SPECIFY) ACTUAL SIGNATURE Accidetant MEDICAL EXAMINER EXAMINER'S NAME ADDRESS 111 Penn Street, Balto, MD 21201 Guard. Hormez R (TYPE OR PRINT) 23a BURIAL, CREMATION, REMOVAL 23d LOCATION STATE King MEMORIAL PK burial BALTO . MDS LEROY O. DYETT & SON'S FUNERAL HOME 460 THE PROPERTY SIGNATURE 24 FUNERAL DIRECTOR **DHMH - 17** (VR A15 ME (5)) 15M 2/80



	1		STATE OF MARYLAND
X	1.	FOR STATE REGISTRAR	CERTIFICATE OF DEATH REG. NO.
noy be poge 3		CEASED NAME FIRST AME	MIODIE LAST 20. DATE OF DEATH MONTH DAY YEAR 26. HOUR
e 4 may	3 SE		1. RACE S. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) FUNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
Od. Pod	10.0	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY? 8.  MARRIED   NEVER MARRIED   9. BALTIMORE CITY OR COUNTY OF DEATH  WIDOWED   DIVORCED   DIVORCED
rs ofter de by the fulled with notified	10 C	RA/HD.	11. NAME OF HOSPITAL, NURSING HOMEOR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  120 USUAL OCCUPATION (19 POT IN SUCH FACILITY, GIVE STREET ADDRESS)
illed in ould be	130.	AL RESIDENCE (IF NURSING HOME OF	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) UNTY 13C CITY OR TOWN 13d. INSIDE CITY LIMITS? YES NO 13e. SUSET ADDRESS, EXETTERS?
MARYLA making and 2 sh	14. F.	PRANK	MIDDLE SPENCE LOUISS ANDERSON
BALTIMORE, cote be execut by sicion and coppers. Pages 1 vol.		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN! (IF YES, GN	ARMED FORCES? 166 SOCIAL SECURITY NO. IT INFORMANT ADDRESS ADDRESS AUG 212-07-258? MELUIN S. Spence 2730 RIGGS AUG
W. PRESTON ST., the death certific the ottending ph se remove carbon py cremation, or remo			anly ane cause per line for (a), (b), and (c).)  SED BY:  ATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  (b) Intracerebral bleeding  DUE TO, OR AS A CONSEQUENCE OF  (c)
Se	NO		CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)  SEPSIS
AL RECO	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 100. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 100. AUTOPSY? 100
DIVISION OF VITAL RECORDS,  NG PHYSICIAN: The low require offending physician.  Ifter this certificate has been signs the burial-transit permit. Then hand Mental Hygiene prior to broked or them 18 shows any injury	12	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEALIFE EITHER, NOTIFY MEDICAL EXAMINER	HOUR A.M. MONTH DAY YEAR P.M. 19
DIVISION O DING PHYSICI or offending i After this cert e as the burial offt and Mente	MEDIC	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  21l. LOCATION STREET CITY OR TOWN COUNTY STATE
pritol TOR: for us of He		saw the deceased alive on	not in the body ofter death
T Dod D		THE PHYSICIAN'S NAME (TIME	DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 7
TO HOSPITAL retained by th TO FUNERAL should be det with the State		modes	GEBREMAKIMO
0302BP		BURIAL, CREMATION, REMOVAL  SURIAL  UNERAL DIRECTOR	236. DATE  236. NAME OF CEMETERY OR CREMATORY  236. LOCATION CITY OR TOWN  COUNTY  AUDITH  250. DATE REC'D. BY REGISTRA HER REGISTRAY'S SIGNATURE
DHMH-16 30M 2/80 (VRA 15, 4)		NAME THE TOTAL	TH. 1913 ADDRESS Rathmans & OCT 6 1301 Parllarthan

TOTAL BANKS PIPITIVED AND THE OFFICE OF THE OFFICE OFFICE OF THE OFFICE OF THE OFFICE OF THE OFFICE CORD WIFE CAND HOSP LANGE ESTE AL S. EXETERS FLANT PREMICE LINEARS AND STREET MELDING 2750 REGISTING

10	1.	FOR STATE REGISTRAR	DEP	ARTMENT OF HEALTH AND MENT CERTIFICATE OF DEAT		230	0 5 5
page 3 r death		CEASED NAME FIRST DONN	a K.	Spence	2a. DATE OF DEATH	MONTH DAY YEAR 9 25 81	1:30 PM
s ofter d	3. SE	* female	RACE White		6. AGE (IN YEARS LAST E	35 YRS.	
(M)	7a. 8	RTHPLACE (STATE OR FOREIGN 7) COUNTRY) Virginia	CITIZEN OF WHAT COUNT	MARRIED NEVER MARR	RIED - DO 1 Lings	OR COUNTY OF DEATH	V MD
1	JIF C	altimore	1. NAME OF HOSPITAL, NU	RSING HOME OR OTHER INSTITUT	ION 12a. USUAL OCCUPA	OF WORKING LIFE) INDUST	OF BUSINESS OR
must be i	13a. S	AL RESIDENCE (IF NURSING HOME OR O	THER INSTITUTION GIVE RESIDENCE BY 130. CITY OR TO	FORE ADMISSION) TOWN 136 INSIDE CITY L YES NO			
Ond 2 st		Α.	Kotar	is mother's ma	MIDDLE	Cres	cenzo
s. Pages 1		VAS DECEASED EVER IN U.S. ARM YES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	52-2513 Richard	L. Spence 312	Kimrick Pla	OXIMATE INTERVAL
inguise by the attending Then places remove corbo to buriol, cremotion, or re njury, or other troumotic e	NO	Canditions, if ony, which gave rise to immediate couse (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSE  (b)  DUE TO, OR AS A CONSE  (c)  ONDITIONS CONTRIBUTING		THE TERMINAL DISEASE OR COI	NDITION GIVEN IN PART	llo
t permit.	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WE	HICH OPERATION WAS PERFORME	D 200 AUTOPSY?  YES NO	20b. IF YES, WERE FIN IN CERTIFYING CAUS YES	
s the buriol-transitions on the buriol-transition of the buriol-transitive of the buriol than 18 shades on the buriol than 18 shades of the buriol than 18 shades	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	DAY YEAR 19 211 LOCATION	OCCURRED (ENTER NATURE OF IN)		STATE
detoched for use or ote Dept. of Health VT: If Item 21 is mo		220.1 certify that (1) (this hospito saw the deceased alive an obove, (1) (we) (did) (did not) SIONATURE	SRAT. 25	DEGREE ATTEN	apinian death accurred on the	22c. DA	that (I) (we) last he causes stated
should be det with the State IMPORTANT:		22d PHYSICIAN'S NAME (TYPE OR	Hahn	220. ADDRESS	hech Raver	Blud.	21237
sh w	1	BURIAL, CREMATION, REMOVAL BURIAL	23b. DATE 9-29-1981	23. NAME OF CEMETERY OR CREM Lakeview Memor	CITY OR TOWN	ville COUNTY	Maryland
6 30M 2/80 A 15, 4)	7.1	JNERAL DIRECTOR  NAME  ck Towson Funera		1050 York Road Towson, Maryland	250. DATE REC'D. BY REGISTRA	R 25b. REGISTRAR'S SIGN	ATURE The

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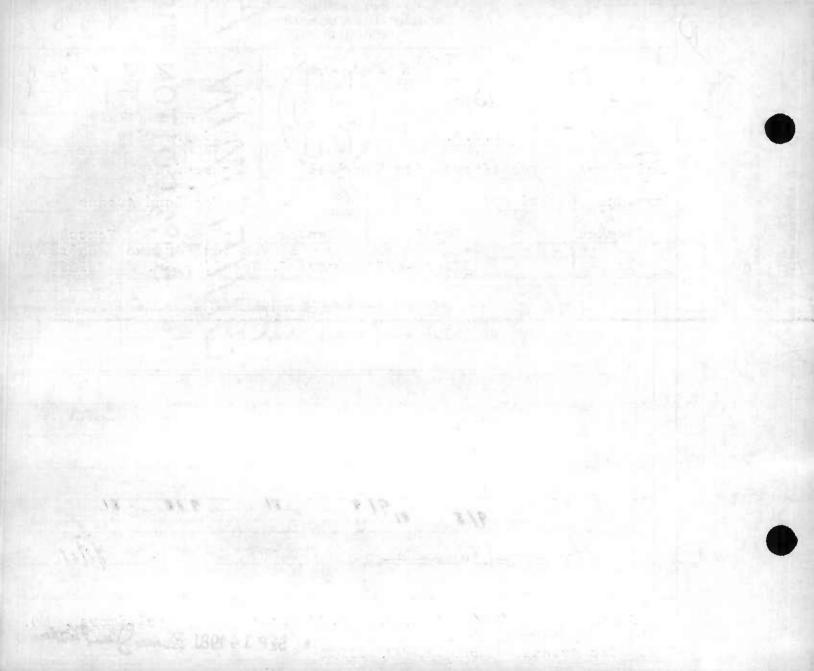
					STATE OF MARYLAND		an und
0		1.	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL HYD CERTIFICATE OF DEATH		23566
,		1 DE	CEASED NAME FIRST	MIDDLE	LAST	REG. NO	MONTH DAY YEAR 26 HOUR
	. 04		OR PRINTI				9-11-81 2-06%
	980		ALBER		SPENCER	0	J PETCOM
		3 SE	×	RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRT	THDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
	5 成剂		MALE	WHITE	11 23 99	8	YRS.
	E BALL	lo B	RTHPLACE (STATE OR FOREIGN 7	CITIZEN OF WHAT COUNTRY	(? 8. MARRIED ☐ NEVER MARRIED ☐	9 BALTIMORE CITY O	R COUNTY OF DEATH
	1 10 85	E	altimore. Ma.	U.S.A	WIDOWED DIVORCED	Baltime	ore City. MD.
64	0 2 8 10			1. NAME OF HOSPITAL, NURS	ING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	ON 12b. KIND OF BUSINESS OR
201	by th		Baltimore		es General Hosp.	Policeman	FWORKING LIFE) INDUSTRY  1 - Bolto. City
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WL	thin thin	14 F	THER'S NAME	Date Lace	15. MOTHER'S MAIDEN NA		
AA	and Sand	3	M = = = = 1	Spence	r Maru	MIDDLE	Peters
H,	3 0	16a \	VAS DECEASED EVER IN ILS ARM			Leverter	ssAvenue- Balto.
ON NO	n ond co	(	(IF YES, GIVE	NAR OR DATES) 219-30	0-2290A-Mrs. Bar	bara J. S	pencer Md. 21224
Ē	D 0 % 0 1	-				D 4.1 4. 0	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
BA	physician npapers. maval.		18 CAUSE OF DEATH (Enter only PART I, DEATH WAS CAUSED	ane cause per line for (a), (b), a	and (cl.)		BETWEEN ONSET AND DEATH
ST.	g pl ong eve	101	IMMEDIATE		VIAL ATTIES		
Z	h ce corb or or	-56	2859	DUE TO, OR AS A CONSEQ	UENCE OF		
PRESTO	deat ove o	77	Conditions, if any, which	( 16) AD	EMIA		
2	he cemo		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQ	UENCE OF		
₹.	by th see re l, cren ather		underlying cause last.	DUE TO, OR AS A CONSEQ	DENCE OF		
201	ned b plea urial,		PART 2 OTHER SIGNIFICANT CO	NOTIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONT	DITION GIVEN IN PART 1(g)
DS,	quires signe hen p ta bur njury,	Z					
DIVISION OF VITAL RECORDS	ow re-	CERTIFICATION	19a DATE OF OPERATION	19h CONDITION FOR WHIC	CH OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED
RE	n. n. no perm	FIC	The Division of Edition	1,1,1,0,1,1,0,1,1,0,1,1,1,1,1,1,1,1,1,1			IN CERTIFYING CAUSES OF DEATH?
IAL	The histip paint by Shov	RTE	an according to the property of the	21b. TIME OF INJURY	Tab. HOW MILIPY OCCUP	YES NO	YES NO
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0	SICIA ng pl certif unal-t	S	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19		
Ö	1 6 6 -	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY	211. LOCATION	CITY OR TO	WN COUNTY STATE
<u>≥</u>	or atter After the e as the alth and marked	2	AT WORK NOT WHILE				- /
۵	ar of or of		22a.1 certify that (1) (this hospita	I) attended the deceased from	05-20 1961		198 (, that (l) (we) last
	TEN INGRALIA		sow the deceased alive on_	09-11, 19	8, and that in (my) (our) apinion	death occurred an the do	ate and hour and from the couses stated
	R ATTEN haspital IRECTOR hed for u ept. of H		abave, (I) (we) (did) (did nat) 22b. SIGNATURE	view the bady after death.	DEGREE		224. DATE SIGNED
	the the track of the DIS		READILVE	mustrul	2 AA ~ ATTENDING	MEDICAL STAF	F - 19-11-81
	RAI RAI		22d. PHYSICIAN'S NAME (TYPE OR	CONTROL CO TO	22e. ADDRESS	DIRECTOR PHYSIC	TIAN
	HOSPI sined b		COLPHISICIAN SINAME (ITPEOR	I LIB - A I		Out Con	PAR STATELL
	TO HOSPITAL OR A reformed by the host reformed by the host TO FUNERAL DIRECt should be detached with the State Dept.		LESAK ETH	MSOA, N	170N-CHA		EPAL HOSPITAL
	D 6 5 42 3 3	23a.	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d. LOCATION	POLINITY CRATE
21	I BP	15	Burial	9/15/81 1	Meadowridge Mem.	Park -H	oward Cty, Md.
00	DHMH: 16 30M 2/80	24 F	INTER AL DIRECTOR OF THE	Jointon, Siles	26- 04	TE REC'D. BY REGISTRAR	
	(VRA 15, 4)		NAME 3000 E.	Baltimore St. ADDRESS	QE.	P 1 5 1981	home Janlaria
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Dundalk, MD. 21222

(VRA 15, 4)

7922 Wise Avenue



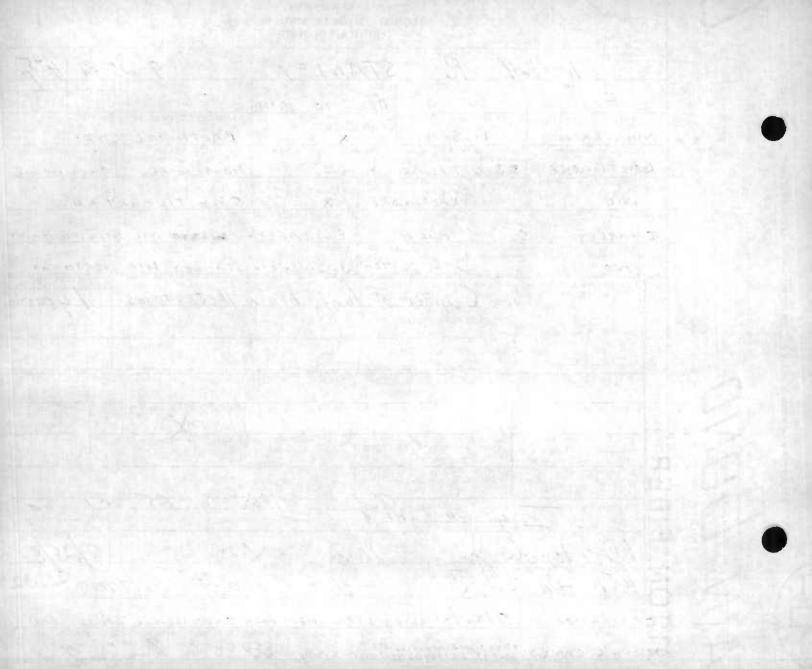
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-5	6,	/	1-	FOR STATE REGISTRAR			NT OF HE	OF MARYLAND ALTH AND MENTAL HYG CATE OF DEATH	REG. NO	2 3	0 /	10
	/			CEASED NAME FIRST	VALLE	WIDOLE	LA	~	20. DATE OF DEATH	MONTH OAY	YEAR	26 HOUR
b b	ge 3		,	ALLEN D'	IER	STANI	FOR	2)	9.11	. 81		6 pm
ge 4 mp	ms after o		3. SE)	Male	1 RACE	lack	DATE OF	BIRTH OAY 2 YEAR 9	6. AGE (IN YEARS LAST BIRT	YRS.	THS DAYS	HOURS MIN.
of Po		30	CC	RTHPLACE (STATE OR FOREIGN )	6 CITIZEN O		MARRIED	NEVER MARRIED	Baltimore City O			440
offer de		29	10 CI	Y OR TOWN OF DEATH		F HOSPITAL, NURSING	HOME OF		120 USUAL OCCUPATION OF OF WORK FOR MOST O	ON		BUSINESS OR
120 Durs	of the	4	_	L RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTE	NO VI OLLU	CAISSION)	so sp.				
AND 2	hould b	35	13a S	TATE 136 COUN	ΤΥ	Balto.		13d. INSIDE CITY LIMITS? YES NO 🗌		Glen	Rg	
MARYL ed withi	and the second	DC		THER'S NAME  Idison	IDDLE	Stanford		Leona FIRST	WE		LAST	
TIMORE,	s. Poges 1	1	(Y	AS DECEASED EVER IN U.S. ARA ES, NO OR UNKNOWN) (IF YES, GIVE / C S	AED FORCES WAR OR DATES)	218-20	-73	S Beulah	Stanford	2831	Fores	Boad
RDS, 201 W. PRESTON ST., BAI	en signed by the ottending physic. Then pleose remove corbonpaper to buriol, cremotion, or removal injury, or other troumatic event, t		NOI.	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATED IN MEDIATED	DUE TO.  (c)	OR AS A CONSEQUEN  OR AS A CONSEQUEN	CE OF	We Card  own Cous  Unsuffice  NOT RELATED TOWNE TERM	is my of a	a thy lunous	Seven of Sev	ichness ichness ichness ichness ichness
NI RECORDI	hos ber t permit iene pric	2	CERTIFICATION	190 DATE OF OPERATION	196 CON	DITION FOR WHICH O	PERATION	WAS PERFORMED	200 AUTOPSY? YES □ NO P	20b. IF YES, W IN CERTIFYIN YES		
QIVISION OF VITA	buriol-tronsit p Mentol Hygier or Item 18 shov	9		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR	OF INJURY A.M. MONIH D'AY P.M.	YEAR 19	216 HOW INJURY OCCUR	RED (ENTER MATURE OF INJUR	RY IN ITEM 18, PART 1	OR PART 2)	
IVISION IG PHY	s the bund worked or		MEDICAL	21d. INJURY OCCURRED  WHILE AT WORK NOTWHILE AT WORK		E OF INJURY STREET, FACTORY, OFFICE, FARA	A, ETC.]	21f. LOCATION STREET	CITY OR TOW	/N	COUNTY	STATE
0 0	TOR: Af or use o of Health			22a.1 certify that (1) (this haspit saw the deceased alive on above, (1) (we) (did) (did not		- / /	1, and	1 that in (my) (our) opinion	death occurred on the do	, 19. ote and hour an	/	hot (I) (we) lost ouses stoted
DR P	RAL DIRECT detoched fore Dept of UT: If frem 2	1.5		22b. SIGNATURE	5	a ful	w		MEDICAL STAI	F IAN 🗍	22c. DATE S	178/
TO HOSPI etoined b	TO FUNERAL I should be deto with the Stote I			22d PHYSICIAN'S NAME (TYPE OR	DRINT)	- GAK	-UB	120 ADDRESS BE	O Reis	tenst	120 120	8. Pol
2719 BP	F 8 > €		23a. B	URIAL, CREMATION, REMOVAL PECIFY) burial	23b. DATE 9/1	6/81	ME OF CE	METERY OR CREMATORY	23d. LOCATION CITY OR TOWN	Crowns	INTY	e. Md.
DHMH-16	6 50M 7/77 . 15 (4))			INERAL DIRECTOR	4600	Liberty H		250. DAT	P 15 1981			

WEST ERIENOSHIP MO 21794

(VR A 15 (4))

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES



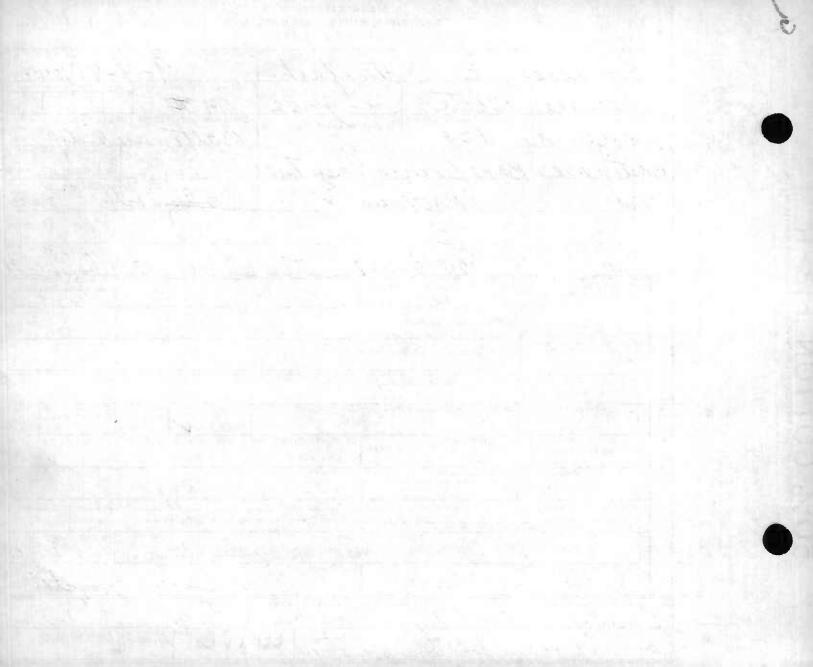
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Ambrose Juneral Home

201 W. PRESTON ST

DIVISION OF VITAL RECORDS,

X		1.	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH	6 7 4
	may be poge 3	1. DE ITM	TO THE STATE OF TH	8/ 10:15PM
	(M) 35	Fi. 11	Fencale White 8-4-02 19 18 VRS.  BIRTHPLACE INTERNAL OF WHAT COUNTRY? MARRIED NEVER MARRIED BALTIMORE CITY OR COUNTY OF D.  WARRIED NORCED DOWNCOOL BALTIMORE CITY OR COUNTY OF D.  WARRIED NORCED DOWNCOOL BALTIMORE CITY OR COUNTY OF D.	EATH .
21201	our ofter du py the du py		THE DRI TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME OR DEFER INSHTUTION  11. USUAL OCCUPATION  11. VALUE OF HOSPITAL ONE SHEET ADDRESS  11. VALUE OF HOSPITAL OF WORK FOR MOST OF WORK FOR	LANDOF MUSINESS OF CONTROL CO-
MARYLAND 2	pletely filled and 2 should b	-	STATE 134 COUNTY 134 COUNTY 134 INSIDE STY LIAITS? 134 STREET ADDRESS NO. 135 STREET ADDRESS NO. 135 MOTHER'S MAIDEN NAME WAST WEST MODEL SAST.	21230
ALTIMORE, M	be essecuted on used core is. Pages 1 o		WAS DECEASED EVER IN U.S. ARMED FORCES? THE SOCIAL SECRETY NO. 17 INFORMANT ADDRESS  [HS] NO OF LIMPNOWN IN VIL. ONE WAS DECOATED.  213-01-2597 Contribe Shriver - 2334	anapole al.
35, 201 W. PRESTON ST., BAI	quires that the death certificate signed by the ottending physic hen please remove carlighted to buriol, cremation, or removal jury, or other froumatic entit	Z	Conditions, if ony, which gove rise to immediate cause (a).  DUE TO, OR AS A CONSEQUENCE OF Countries (b).  DUE TO, OR AS A CONSEQUENCE OF CONSEQUENCE OF COUNTRIESTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN	BETWEEN ONSET AND DEATH
AL RECOR	os been os been ne prior in prior in ws ony in	CERTIFICATION	YES NO YES YES	RE FINDINGS USED CAUSES OF DEATH? NO
DIVISION OF VIT	NG PHYSICIAN: The fortending physicion of the this certificate has the buriol-transit phond Mental Hygier hand Mental Hygier parked or Hem 18 should hygier hand hygier had hy	MEDICAL CE	210. ACCIDENT WAS UNDERLYING	OUNTY STATE
•	ITAL OR ATTENDIS by the hospital or RAL DIRECTOR: A detached for use state Dept. of Healt NT: If Hem 21 is me		Kully yen /fluy M, ) ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	, mor (i) same / losi
	TO HOSPIT. retoined by TO FUNER, should be d with the Sto	230	BURIAL, CREMATION, REMOVAL 23b DATE 225. ADDRESS 30N CREMATION  220. ADDRESS  BURIAL, CREMATION, REMOVAL 23b DATE 23NAME OF CEMETERY OR CREMATIONY 23d LOCATION	fortal
210	BP	6	School 9-12-1981 budon lash Com. (Salto.)	the .
	DHMH-16 30M 2/80 (VRA 15, 4)	1	Jaling Town In Inc. 901 Holling St. DEP 10 1981 Marie	



Poges

prior

and Mental Hygie

or Item 18

IMPORTANT

1	-	FOR STATE REGISTRAR	
D	EC	EASED NAME	

Female

Md.

Baltimore

14 FATHER'S NAME

10 CITY OR TOWN OF DEATH

Jesse

USUAL RESIDENCE (IF NURSING HOME

BIRTHPLACE

COUNTRY

Md.

CERTIFICATION

MEDICAL

Mabel

I STATE OR FOREIGN

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

4. RACE

Carroll

Partial Small Bowel Obstruction

F.W.

White

(TYPE OR PRINT)

3. SEX

## STATE OF MARYLAND

LAST

5. DATE OF BIRTH

WIDOWED

11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

STEPHAN

DEPARTMENT OF HEALTH AND MENTAL I CERTIFICATE OF DEATH

MARRIED NEVER MARRIED

15. MOTHER'S MAIDEN

Mary

EATH	IENE 8 1 2 REG. NO.	5 0	/ 5
	20. DATE OF DEATH MONTH DAY	YEAR	26 HOUR
	September 4 198	1	3:00A N
		INDER I YEAR	IF UNDER 24 HRS
1928	52 YRS. MON	THS DAYS	HOURS MIN.
ARRIED	9 BALTIMORE CITY OR COUNTY OF	DEATH	
ORCED	Baltimore City		MD
TUTION		IZE KIND O INDUSTRY HOME	BUSINESS OR
Y LIMITS?	130. STREET ADDRESS 1344 Old Manch	ester	Rd.
MAIDEN NAM IRST Mary	S. Shane	LAST	
1T	ADDRESS		
ar Ste	phan Westminste	r, Md	•
tastas	is	BETWEEN C	MATE INTERVAL
cised	(4-24-81)		
	September 4 1981  September 4 1981  6 AGE (IN YEARS LAST BIRTHDAY)  52  YRS.  9 BALTIMORE CITY OR COUNTY OF D  Baltimore City  120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)  SP. 1344 Old Manche  NAME  ADDRESS  Stephan Westminster		

ne couse per line for (a), (b), and (c) :	ADDDAVIA A CONTROL A
v '	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
DUE TO, OR AS A CONSEQUENCE OF  (b) Malignant Carcinoid Excised (4-24-81)	
DUE TO, OR AS A CONSEQUENCE OF	
* *	Due to, or as a consequence of  b) Malignant Carcinoid Excised (4-24-81)

7 In ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER: NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

NOT WHILE

216 TIME OF INJURY HOUR A.M. MONTH DAY P.M

Louise

76 CITIZEN OF WHAT COUNTRY?

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

Maryland General Hospital

13c CITY OR TOWN Westminster

166 SOCIAL SECURITY NO

273-24-9000

U.S.A.

Evler

YEAR 21e. PLACE OF INJURY

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

AT HOME, STREET, FACTORY, OFFICE, FARM, ETC 1

August.

211 LOCATION

CITY OR TOWN

NO

COUNTY

206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

YES XX

STATE

NO T

and that in (n) (our) opinion death accurred on the date and hour and from the causes stated 22c. DATE SIGNED

22e ADDRESS

ATTENDING

MEDICAL

23d LOCATION

20g AUTOPSY?

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

YES X

STAFF PHYSICIAN DIRECTOR PHYSICIAN X

to Sentember

9-4-81

27d PHYSICIAN'S NAME (TYPE OF PRINT) Karen Trent, M.D.

220 I certify that (1) (toxxxxXXX) attended the deceased from

c/o Maryland General Hospital

23a. BURIAL, CREMATION, REMOVAL 23b DATE Burial

226. SIGNATURE

9- 8-1981

23c NAME OF CEMETERY OR CREMATORY Evergreen Memorial

DEGREE

Finksburg

Carroll Md.

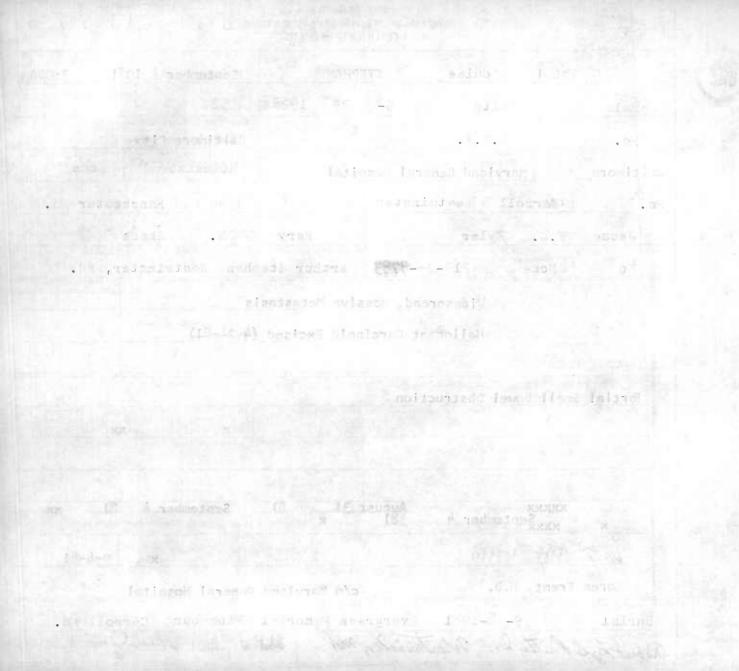
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BP.

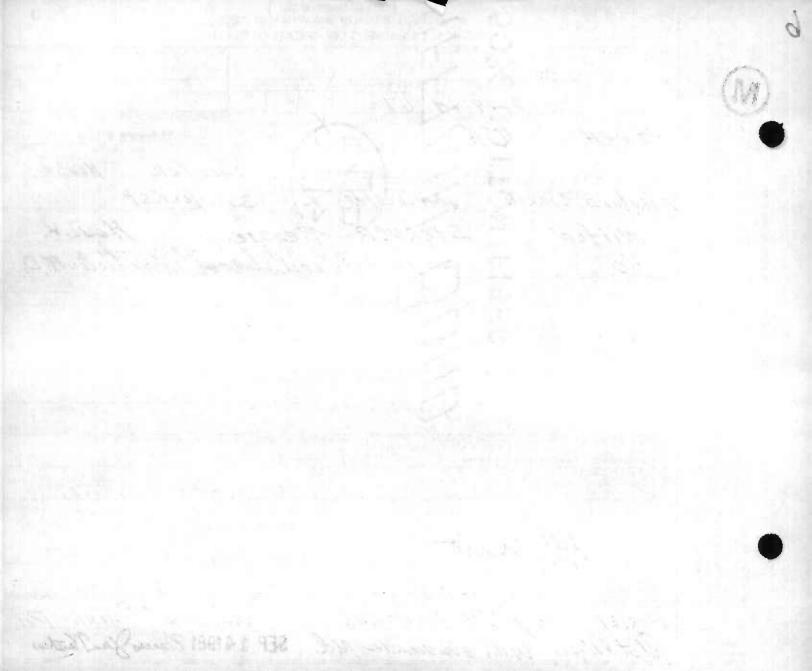
Robert Kale Pritts In

September

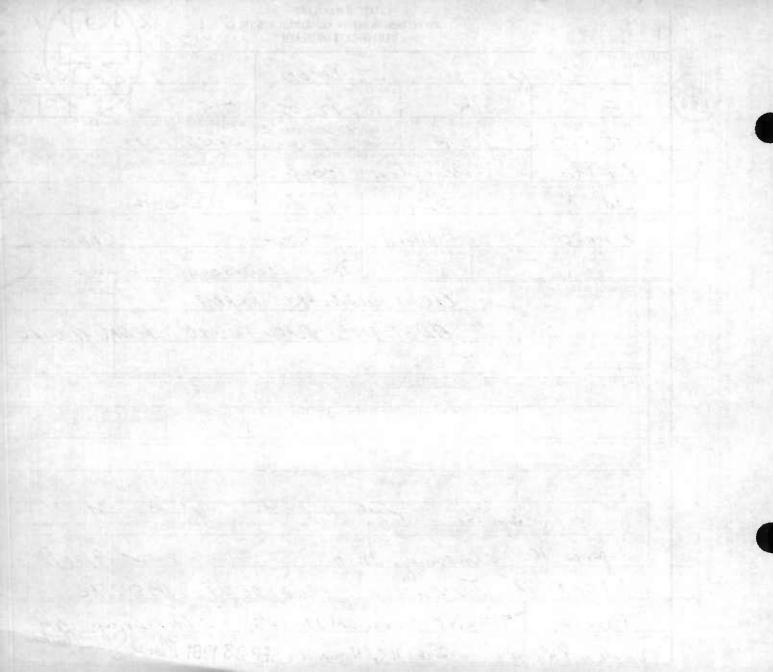
view the body after death



1/	-				TATE OF MAR			- 0	-7	1 7	6
6	1.	FOR STATE		DEPARTMENT C	F HEALTH AN	ND MENTAL H	HYGIENE	2	3	0 /	0
10	10	REGISTRAR	ME	DICAL EXAM	<b>INER'S CER</b>	TIFICATE C	OF DEATH	REG. NO.			
		CEASED NAME FIRST		MIDDLE	LAST		28 DATE	KNOWN XX	MONTH	DAY YE	AR 25 HOUR
	(TY	PE OR PRINT)									
32335	0.00	Clai			2.	terner		H MATED	9	8 18	
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Casses		male white	MONTH DAY		YRS.	HOURS	MIN. DEA		9	8 198	31 12:30
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Z2°°3/~	-	ITY OR TOWN OF DEATH	4/1	CDIVAL AUGUSTIO	WIDOWED	DIVORC		Baltimo			MD.
South S	3 10.0	III OK TOWN OF DEATH	(IF NOT IN SUCH E	SPITAL, NURSING HO	OME, OR OTHER IN	NSTITUTION	12a USUAL OCC		DF WORK	OR IND	F BUSINESS USTRY
20-22		Baltimore	Johns	s_Hopkins	Hospital		FOIN	TER		1043	se
- 00508	USU	AL RESIDENCE (IF IN NURSING NOM	F OR OTHER INSTITUTION G	GIVE RESIDENCE BEFORE ADM	ISSION)		1			11040	
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		ATHER'S NAME	(////	11/2/2010	7	7	1	0,0,0			
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	16c. \	WAS DECEASED EVER IN U.S. A	RMED FORCES?	16b. SOCIAL SECU	RITY NO.	MEDRMANT	22	ADDRESS	100 6	7	
S AFTE GIVE P GIVE PAGES IVISION		A CONTRACTOR (IF YES, GF	VE WAR OR DATES)	217-18-	X37X	rkol8	lamas	many	109	· Pier	AN IT
JIRS AFTER 3. GIVE PA WITH FOR DIVISION	-	18. CAUSE OF DEATH (Enter of	1			eree a	weren.	Mon	nu	w	11, 12,
		PART I DEATH WAS CAUS	ED RY.							BETWEEN (	MATE INTERVAL ONSET AND DEATH
A PERSONAL		On MMEDI	ATE CAUSE (a)_SL	ubdural Her	matoma						
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UTED OTED ON		lying cause last.	- 00210,08	AS A CONSEQUENC	L OF						
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DIVISION OF VITAL RECORDS, S CERTIFICATE SHOULD BE EXEC RITING THE WORD "FENDING" REDICAL E. 3 SHOULD BE USED AS A BUF EDERARMENT OF HEALTH AND OF PROPING TO BE USED AS A BUF EDERARMENT OF HEALTH AND OF PROPING TO BURIAL, CREMATING TO THE CHARATING TO THE CHARATING TO THE COMMENT OF THE COMMENT TO THE COMMENT TO BURIAL, CREMATING TO THE COMMENT TO THE COMENT TO THE COMMENT TO TH	1_	PART 2 OTHER SIGNIFICANT CONDITION	IS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE T	ERMINAL DISEASE OR C	ONDITION GIVEN IN PA	ART 1 rail				
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Z PEST	1 분										
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	MEDICAL	CONTRIBUTING CAUSE OF	F DEATH 7:45 K	x 8/25 19	81 fell :	from lad	der				
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DIVISION OF VITAL REC LINER: THIS CERTIFICATE SHOULD B FIGATE, WRITING THE WORD. "FEN FORWARDED TO THE CHIEF ME FOR PAGE 3 SHOULD BE USED AS TITHE STATE DEPARTMENT OF HEAL AND, 21201 PRIOR TO BURIAL, CR		AT WORK	1 46 110	Jille	12200	TUIK SUI	ee c, rialici	ies cer, c	<u>a110</u>	11100,	עויו
EXAMINER: EXAMINER:  JUD BE FOR DIRECTOR: WITH THE: WARYLAND.		22e I certify that I taak cha	rge af the remains de	scribed abave, held a	n Autapsy L	, Inspectia	in L. Inquir	y 🔲 , and	in my api	inian	
	10	death resulted fram:	ral causes .	Accident VV	Suicide ,	Hamicide	Undetermined r	nanner .			
ARITHE AR		114	11.	7	т	ITLE (SPECIFY)					
A SOUTH A		ACTUAL ON	Jun	0		ssistant			DATE	9/8/	81
SET		SIGNATURE	7		M.D! 1	3313041.0	MEDICAL EXA	MINER	SIGNE	D_3/0/	<u> </u>
MEDI CUTE FUNE FINO	1	EXAMINER'S NAME				222				110	07007
TO MEDICAL EXAMINER: TO EXECUTE THE CENTIFICATE, PAGE 4 SHOULD BE FOREN TO FUNERAL DIRECTOR: NATH THE STABLISHORE, MARKLAND, 2		(TYPE OR PRINT)	Hormez R	. Guard, M	. UADDI	RESS	Penn Str	eet, Bal	timo	re, MU	21201
E24204	23a.B	URIAL, CREMATION, REMOVAL	23b. DATE/	23c. NAME OF	CEMETERY OR CR	EMATORY	23d. LOCATION	. 1.	COUNT	IY .	STATE
BP	1	34R13/	9/10/81	57,00	VIDS		maNhe	SIMIE	· Me	RK	DA
	24. F	UMBRAL DIRECTOR	1			A 25e DATE	REC'D. BY REGISTE	AR 15 REGIST	AN'S SI	GNATURE	
DHMH - 17 (VR A15 ME (5))	6	Hart KM4015	LACIL ADDRESS	Mestmins	ter Md	SEP	141981	Crease	Va	w/ lew	The
15M2/80	1	The strange is	100000	, , , , , , , , , , , , , , , , , , , ,					4		



6	1	FOR - STATE REGISTRAR	DEPA	ARTMENT OF HE	OF MARYLAND ALTH AND MENTAL HYG CATE OF DEATH	IENE 8	2 3 6 7 /
		CEASED NAME FIRST	MIDDLE	LA	TST TST		ONTH DAY YEAR 26. HOUR
a 6 4 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	CLAS	E OR PRINT) CREC	OLA M	177	UENCON		9 21 8 5:10PM
for 27 mm	3 SE		4 RACE	5. DATE OF	BIRTH	6. AGE (IN YEARS LAST BIRTHD	
4 3 1101	A	F	BIK	MONTH /	- /7 - 05	75	MONTHS DAYS HOURS MIN
o 4 1 1 1		IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	TRY? 8		9 BALTIMORE CITY OR	
de oth	2	BALTO CITY	11.5.A	WIDOWED	NEVER MARRIED DIVORCED	BALTO C	177 MD.
with the fee	10.0	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	RSING HOME OF		120. USUAL OCCUPATION	126 KIND OF BUSINESS OR
		BAlto	PROU	1 dEN+	Hosp	TIPPE OF WORK FOR MOST OF W	PORKING LIFE) INDUSTRY
MARYLAND 21201 ed within 24 hours e mpletely filled in by and 2 should be file	USU 130.	AL RESIDENCE   IF NURSING HOME OF STATE   13b COUP	ROTHER INSTITUTION, GIVE RESIDENCE B	TOWN	13d. INSIDE CITY LIMITS? YES 🔀 NO 🗌	13e. STREET ADDRESS	oth st
RYLA within within d 2 sh	14. F.	ATHER'S NAME	MIDDLE LAST		IS MOTHER'S MAIDEN NAM	ME MIDDLE	YZA
MAR wash	ell a	MARCO	Bel	llWE//	ROSA		Chains
MORE,		WAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL S	SECURITY NO.	17 INFORMANT	ADDRESS	
BALTIMOR cate be exected by section and appers. Pages val. 1, the medic					Dock Ste	VENSON	S AM C  APPROXIMATE INTERVAL  BETWEEN ONSET AND DEATH
RDS, 201 W. PRESTON ST., B. equires that the deoth certifica in signed by the attending phys. Then please remove carbon peq. The build, cremotion, ar removinjury, or other troumatic event,	NOI	Conditions, if ony, which gave rise to immediate cause (o), stofing the underlying cause last.  PART 2 OTHER SIGNIFICANT (	DUE TO, OR AS A CONSE  (b)  DUE TO, OR AS A CONSE  (c)  CONDITIONS CONTRIBUTING	OCS//	OT RELATED TO THE TERM		PENAL FAILURE
TAL RECORDS, The low required in the low requirements been significant. The great permit is the show control to be shown	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WH	HICH OPERATION	WAS PERFORMED	20a. AUTOPSY?	NO. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH?  YES \( \bigcap  \text{NO} \\ \Taxt{NO} \\
SION OF VITAL R PHYSICIAN: The li- ending physician. this certificate has the burial-transir per the burial-transir per d Mental Hygiene d or Item 18 shows		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEAL OF DEAL OF THE CONTRIBUTION OF		DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY II	N ITEM 18, PART 1 OR PART 2)
S F F F P G G G G G G G G G G G G G G G G	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	FICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
DIVI hospital or off RECTOR: After RECTOR os os still ipti of Health o		220-1 certify that (I) (this haspi saw the deceased alive on above, (I) (we) (did) (did no	ital) attended the deceased from Sept 2/ 1	CAA	that in (my) (our) opinion of	death occurred on the date	ond hour and fram the causes stated
T Docto		Lydra n	7. Jaman	n. m	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA	N D 9/21/81
TO HOSPITAL retained by the TO FUNERAL should be deto with when Store IMPORTANT:		22d PHYSICIAN'S NAME ITYPE O	M. TUMA	MOY	PROULE	DENT H	68P17AC
7 6 ± 2 3 ₹ 1	230	BURIAL, CREMATION, REMOVAL	10/- /	23c. NAME OF CE	METERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
206BP		BURNAL	9/26/81	CARder	od Eternall		sheeq will
DHMH - 16 50M 7/77 (VR A 15 (4))	24 F	UNERAL DIRECTOR	, / ADDRESS	5	25a. DATI		The I Weat Product
(40 W 12 (4))	1	GRNON X.DA	9,1EY /348	N.CAI	hourst SE	7 60 1901 94	ances I am



2		OR	DEPARTME	NT OF HEALTH AND MENTAL H	YGIENE O	1 4 7 9
2	1-3	STATE REGISTRAR		AMINER'S CERTIFICATE O	EDEATH	
	I. DEC	EASED NAME FIRST	MIDDLE	LAST	70. DATE KNOWN 🙀 MOI	NIH DAY YEAR 26. HOUR
S. S. S. F.	(ITPE	Larr	rv Rav	Stevenson	DEATH MATED	9 29 1981 M
A COLOR	3. SEX	4. RACE	5. DATE OF BIRTH 6. A	GE (IN YEARS IF UNDER 1 YR. IF UNDER		741
ON STATE	Ma	le Black	Aug. 14, 1961	YRS. MONTHS DAYS HOURS	MIN. PRONOUNCED DEAD	9 29 181 8:33 P M
SESTINAL WATER	Ja. Bij	THPLACE (ST IE'OR	A CITY OF WHAT COUNTRY	? 8 MARRIED NEVER MARRI	9. BALTIMORE CITY OR CO	UNTY OF DEATH
S PAN S CAN	6	4110. Md.	U. S. /t.	WIDOWED DIVORC		ty, MD
PELAY IS NECESSARY PLEASE TO THE FUNERAL DIRECTOR. 4 PAGE 5 FGW YOUR FILES. PEFFILED, WITHIN 22 HOURS SO 201 W, PRESTON STREET,	1D. C11	Y OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	AG HOME, OR OTHER INSTITUTION	FOR MOST OF WORKING LAST	ORK 12b. KIND OF BUSINESS OR INDUSTRY
DELAY N PAG N PAG		1timore	Liberty Hats a	nd Gwynn Oak Aves.	SER. SIAlion Al	7 -
0 ~ 4 0 ~	USUA 13a. ST	ATE     13b. COU	E OR OTHER INSTITUTION, GIVE RESIDENCE BEFO	RE ADMISSION) 13d. HISIOE (ITYLIMITS?	THE STATEST ADDRESS A	1 11 01
SHOULD SH	1	17ry/m	PAL	imore YES D NO []	4724 WAKE	field KW.
. MD.	14. FA	FIRS WAYNE +	MIDDLE LAST	15 MOTHER'S MAIDE	N NAME	LAST #
A SE SE SE		No Dei	Steven	600 Eliz	ADelh	Scoll n
BALTIMORE. S AFTER DEA GIVE PAGES ITH FORM P PAGES I AN INISION OF	(YE	AS DECEASED EVER IN U.S. A S. NO. OB UNKNOWN) (IF YES, GA	VE WAR OR DATES)	SECURITY NO. 17. INFORMANT	ADDRESS	11/1/2
SAL SS AF GIV IVISI		NO	2/6-1	60101 Thiss Spi	ring/hines 4%	24 WAKETIEKS
ST		DADT I DEATH WAS CALLO	only one cause per line for (a), (b), on SED BY:			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ON LIEN TEN HER SIEN VAL	10.	91 11 1 IMMEDI	ATE CAUSE (a) Gunshot			
PRESTON THIN 24 H THIN 24 H THIN 11EA THIN 11EA ALCH ANSIT PER AL HYGIEN REMOVAL		Conditions, It any, which		FOUNCE OF		A SECTION OF
WITH AND SEAL OF REAL PROPERTY OF REAL P		<ul> <li>gave rise to immediate cause (a) stating the under</li> </ul>		NIENCE OF		
201 V UTED IN PE EXAL- IAL- ON, O		lying cause last.	DOE TO, OK AS A CONSEC	QUENCE OF		ALL DEPOS
DS. S		PART 2 OTHER SIGNIFICANT CONDITION	(c)NS CONTRIBUTING TO DEATH BUT NOT RELATED T	O THE TERMINAL DISEASE OR CONDITION GIVEN IN PAI	PI 1 (a)	
RECORDS.  ID BE EXEC PENDING. PENDING. O AS A BUI REALTH AN	NO			o the remaine disease of condition differ in the	( T (0).	
PER MILE	ATIC	190. DATE OF OPERATION	196. CONDITION FOR WHI	CH OPERATION WAS PERFORMED?		2D AUTOPSY?
SHOU ORD " CHIEF SE USE 30 URIAL	CERTIFICATION					YES [X NO [
OF V ATE S THE CONTROL OF V	CER	210 EXTERNAL CAUSE WAS	216. TIME OF INJURY	Y YEAR 216 HOW INJURY OCCURRE	D CENTER NATURE OF INJURY IN ITEM 18 PART 1 C	
NO THE COUNTY OF		UNDERLYING OR CONTRIBUTING CAUSE OF	F DEATH 8 05 M. 9 2	91981 subject sh	ot	
DIVISION S CERTIFIC RITING TH RDED TO E 3 SHOU E DEPART		214 INJURY OCCURRED	21e PLACE OF INJURY (A	THOME, 211. LOCATION	CITY OR TOWN	COUNTY STATE
HIS (ARE AGE ATE 1201	2	AT WORK AT WORK	service stat		Hgts. Ave., Balto.	City, Md.
ATE, TATE, ORW		22a. I certify that I taak cha	irge of the remains described above, I	neld an Autopsy X, Inspection	n , Inquiry , and in m	y apinion
CTO HE FILE		death resulted fram: Nat	tupo Poduses . Agaident	, Surge , Hamicide X	Undetermined manner .	, , , , , , , , , , , , , , , , , , , ,
WITE B			/// V/ S	TITLE (SPECIFY)		
AL HALL		ACTUAL SIGNATURE	floward /4	M.D. Deputy Ch	nief MEDICAL EXAMINER SK	ATE 9/30/81
NER SIL		EXAMINER'S NAME -	T. D. O. 111			MD
A D P S E E E		(TYPE OR PRINT)	Thomas D. Smith,	M.D. ADDRESS	Penn St. Balto.	, MU.
572749	23a.BL	PAL, CREMATION, DEMOVAL	23b. DATE 23c NAM	E OF COMETERY OR CREMATORY	23d. LOCATION /-	COUNTY
7847BP	1	JUNIA	10-6-8/ m7.	170 DURN COM	10/11/0.	1/24
DHMH-17		NERAL DIRECTOR	ADDRESS L 40	HA 25a. DATE	TE BY REGISTRAP 256 RECETRAR	Carles
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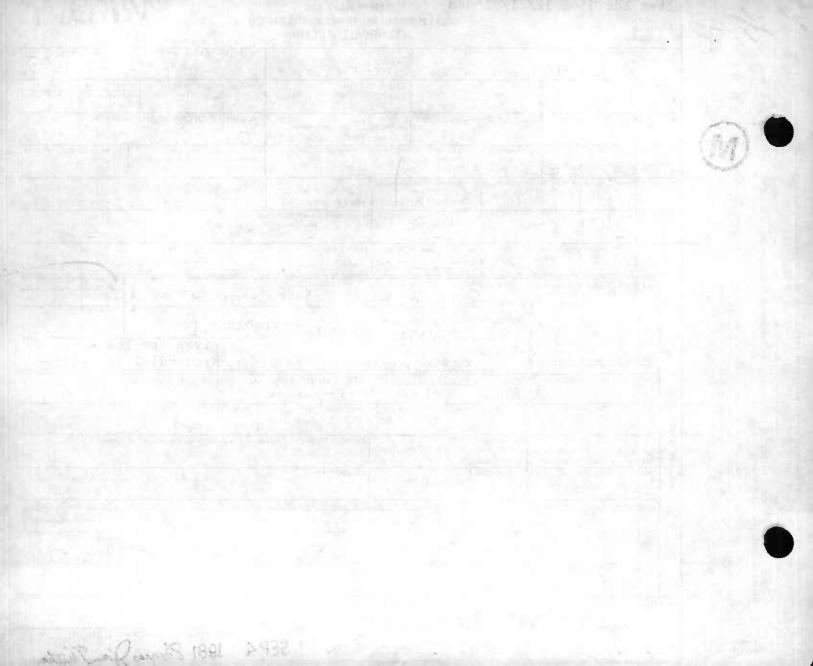
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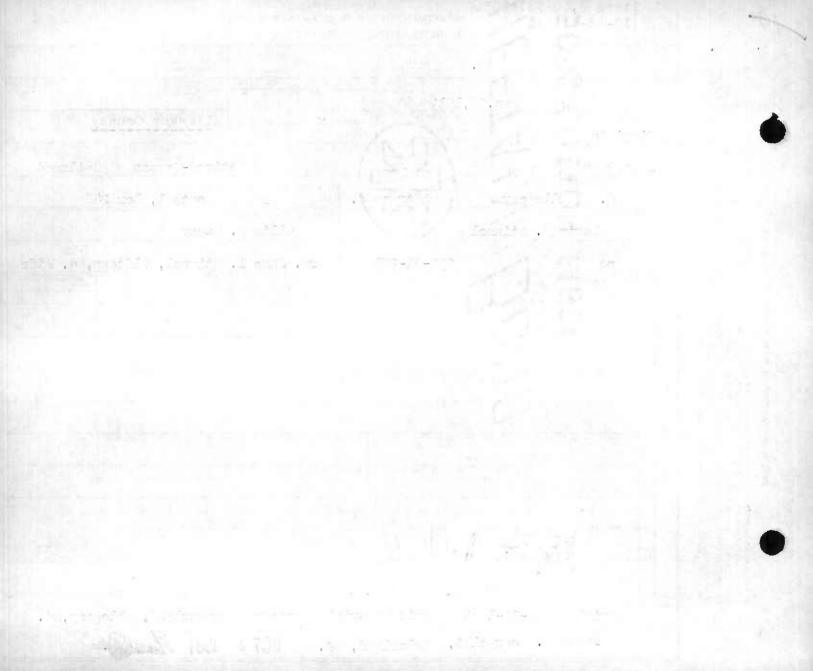
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			O CIT	Y OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INS			R OTHER INSTITU	TUTION 12e USUAL OCCUPATION 12b. KIND OF BU			F BUSINESS OR		
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METIN	cate ician rs. P. al.	1		18 CAUSE OF DEATH (Enter on	h	<u> </u>							MATE INTERVAL ONSET AND DEATH	
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*	و در د		9	couse (0), stating the underlying cause lost	DUE TO, O	RAS A CONSE		5	xic			infar	ction	
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DS,	to to		Z	PART 2 OTTER SIGNIFICANT	DE C	C V	F LD	THROW		215	JII ON GIVEN	a Harman III		
RECORD	a o -		CERTIFICATION	19e DATE OF OPERATION	TIP COND	ITION FOR WH	ICH OPERATION	WAS PERFORM		20g AUTOPSY?	206. IF YES, V	WERE FINDIN	IGS USED	
ac i		2	FFC							YES NO P	IN CERTIFYII	NG CAUSES	OF DEATH?	
¥.	PHYSICIAN: Ing physician.  Ig physician.  This certificate ha  Inial-transit perm  Mental Hygiene  Jor Item 18 sho	-	ER	21a. ACCIDENT WAS UNDERLYING	216. TIME C	OF INJURY		21c HOW INJU	RY OCCURR	ED SENTER NATURE OF INJUR				
) F (	SICIAN ysician certifica ter Iffica tal Hyg	91		OR CONTRIBUTING CAUSE OF DEA		M. MONTH								
DIVISION OF VIT	PHYSII ng phys this cer this cer Mental d or Ite	1	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) 216 INJURY OCCURRED		M. OF INJURY	19	211 LOCATION STREET						
JISI/	ndiin fter heb and		ME	WHILE NOT WHILE AT WORK	(AT HOME, ST	REET, FACTORY, OFF	ICE, FARM, ETC ]	STREET		CITY OR TOW	N	COUNTY	STATE	
6	Z a a a a a			27a 1 certify that (1)(this hospi	tal) attended th	a decented for	9	/ 3	10 81	10 9/3	10	31/	that (I) (we) lost	
				sow the deceased alive on	9/3	1	43/	d that in (my) (or	ur) opinion o	death occurred on the do				
	THE PER PER PER PER PER PER PER PER PER PE			obove, (I) (we) (did) (did na 22b. SIGNATURE	t) view the body			DEGREE				122L DATE		
	TALOR y the hosp RALDIR detached trate Dept		1	1	STIT OF	100 on	mi)	ATT	ENDING	MEDIDAL STAF	F	92	101	
	TO HOSPITAL etained by the TO FUNERAL hould be detac with the State I	-		224. PHYSICIAN'S NAME (TYPE O				27e ADDRESS	YSICIAN L	DIRECTOR PHYSIC	IAN	1115	101	
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	TO HOSPITAL retained by the I TO FUNERAL E should be detach with the State D important: I	/	12. 6	72.0			12. NIANT OF C			123d LOCATION	1-1	2.5		
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151	BP		24 E)	Burial NERAL DIRECTOR	9/9/8	οŢ	weste.	rn Star		. Catons		P'S SIGNIAT		
1010	DHMH-16 25N			NAME	ਾ/ਪ 1	1 0 1 ADDRESS	Morth	Δν	SE		M L	NA SIGNAL	TA .	
	(VRA 15, 4) 1/7	9	Wr	i. C. Malch	·/ 11 1	TOT E.	MOT CI	VAC.	OL	P4 1981 I	mores	Van 1	6.780	



11 SS 11	TYPE	EASED NAME OR PRINT)	GEORGE	R.	STIMME		LAST	20. DATE KNOWN OF ESTI- DEATH MATED	XX MONTH DA	-819 A
A THE STATE OF THE		4. RAC	white Mo	Jan. 28,		) MONTH	DER TYR. IF UNDER  S DAYS HOURS  ED NEVER MARR	MIN' PRONOUNCED DEAD	9-25-	-81° 6.24°
A E S E S C	10. CT	Virginia Y OR TOWN OF DE Cumberland		NAME OF HOSE IF NOT IN SUCH FAC Sacred	SA PITAL, NURSING HOME, ILLITY, GIVE STREET ADDRESS) Heart Hosp	ital		ED Ballino  120 USUAL OCCUPATION   FOR MOST OF WORKING LIFE) Retired—Carm	TYPE OF WORK 126	KIND OF BUSINESS OR INDUSTRY
SHOULD SHOULD	3a. S1	Md.	RSING HOME OR OTHE No COUNTY Allegal		e residence before admission 13c. City or town Oldbown I		13d. INSIDE CITY LIMITS? YES NO 🔯	13e. STREET ADDRESS Route 1,		
AND 2				timmel	LAST			e E. Mauzy		LAST
S WITH FOR AIT. PAGES I	(YE	(AS DECEASED EVER S, NO, OR UNKNOWN) NO	IN U.S. ARMED F		232-01-293		Mrs. Jun	ADDRE e I. Stimmel,		Md. Wife
F MEDICAL EXAMINER ALONG W ED AS A BURIAL - TRANSIT PERMIT. HEALTH AND MENTAL HYGIENE, D AL, CREMATION, OR REMOVAL.	NO	gave rise to cause (a) stating lying cause last.	immediate cannot be under-	(b) DUE TO, OR A	Arterioscle  AS A CONSEQUENCE O  AS A CONSEQUENCE O  UT NOT RELATED TO THE TERMIN	F		scular disease		between onset and death
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TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE S BAITIMORE, MARYLAND,	23a. BL	AT WORK	Haak charge of the Natural country of the Nat	garita	A Korell M  23c. NAME OF CEM  Davis Mei	M. D. M. ETERY OF	CREMATORY al Cemeter	Undetermined manner MEDICAL EXAMINER  1 Penn Street  1234_LOCATION	SIONED	9-26-81



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should be detached for use as the burial-transit permit. Then please remove carbanapee with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal

le	1.	FOR - STATE REGISTRAR			DEPART	MENT OF H	E OF MARYLAND BEALTH AND MENTAL HYG TICATE OF DEATH	REG. N		3 5	3	3
/		CEASED NAME E OR PRINT)	FIRST		WIDDLE		AST	20 DATE OF DEATH			26 HOUR	1.00
			Charl	-	W •		Stine		ptember	24,	81 07:	MOP
	3. SE	x Male	1	RACE White	e	MONT	ber 8, 1918	6 AGE (IN YEARS LAST BIR	YRS.	UNDER I YEAR	IF UNDER 24 H	IRS
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Soppine C	) )	Harry	MIC	L.	Stine		15 MOTHER'S MAIDEN NAM	ME MICOLE		Sny	der	
event, the medical		VAS DECEASED EVER YES NO OR UNKNOWN) Yes	HEYES, GIVE W	VAR OR DATEST	166 SOCIAL SECU 218-01-96		Miss Eleanor		Phoenix Edgewat			J.
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ltem 18 sh		210. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC	CAUSE OF DEATH	21b. TIME OI HOUR A.A P.A	M. MONTH DA	AY YEAR	21¢ HOW INJURY OCCUR		RY IN ITEM 18 PART	I OR PART 2)		
is marked or Item	MEDICAL	21d INJURY OCCURE	ILE T	21e. PLACE C	OF INJURY EET, FACTORY, OFFICE, F		211. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE	
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<u>+</u>		226. SIGNATURE	UHL	aw-	meu		DEGREE ATTENDING PHYSICIAN	MEDICAL STA DIRECTOR PHYSIC		8/24	18/1	
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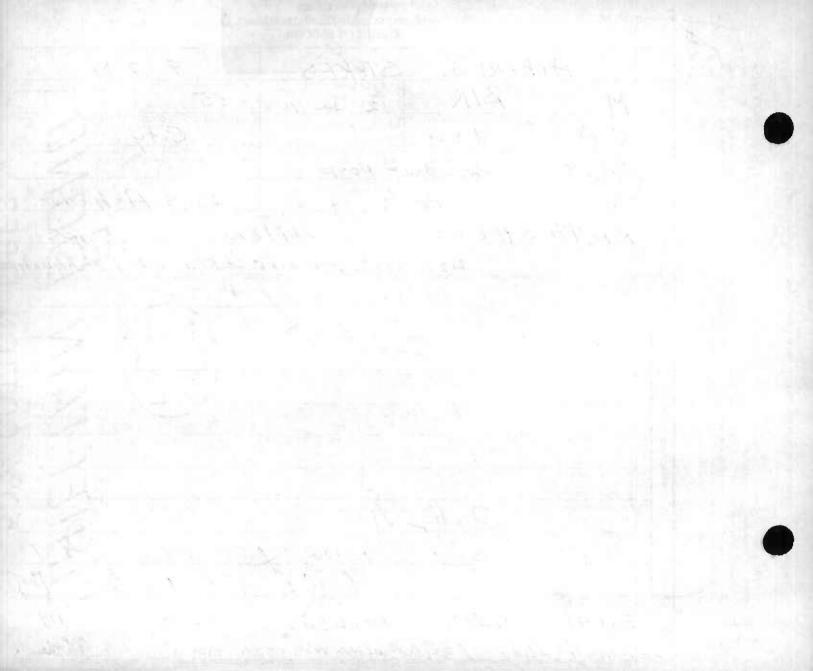
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TO FUNERAL DIRECTOR:

Ruck Towson Funeral Home, Inc. Towson, Maryland 24 FUNERAL DIRECTOR

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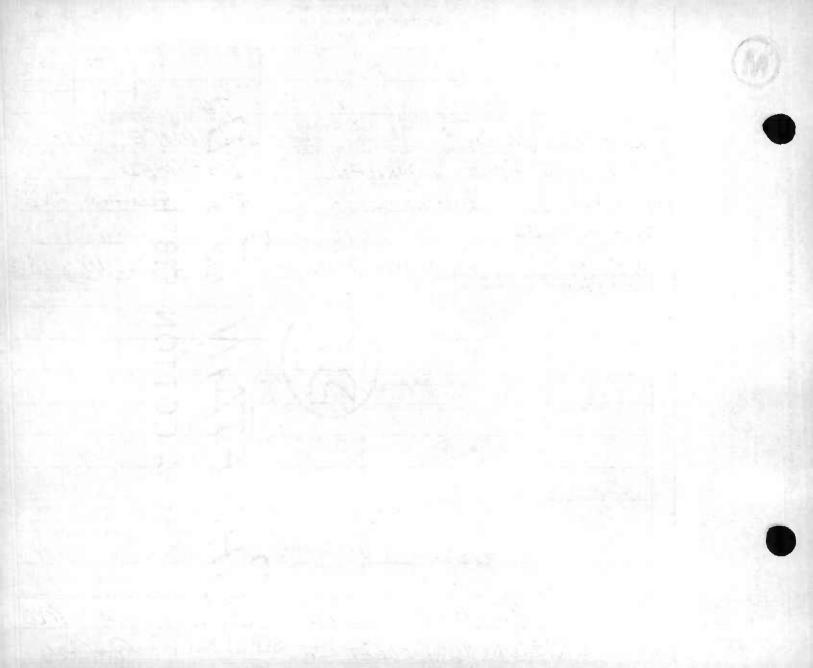
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RES AFTER S. GIVE PA WITH FOR DIVISION	(Y)	NO OR UNKNO	(IF YES, GIVE V	WAR OR DATES)	217-20-( line for (a), (b), and (c).)		Harvey	W. S	tokes		Ash		on St
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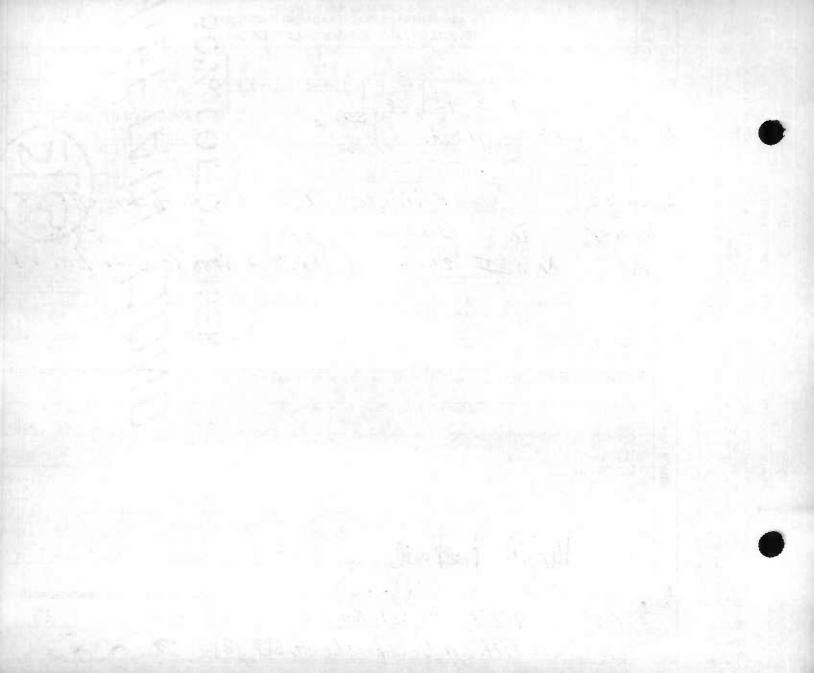
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18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c))  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gove rise to immediate couse (o), stating the underlying couse lost.  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gove rise to immediate couse (o), stating the underlying couse lost.  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gove rise to immediate couse (o), stating the underlying couse lost.  DUE TO, OR AS A CONSEQUENCE OF  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (o)  SCHOOL OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (o)  19 DATE OF OPERATION  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (o)  210. ACCIPENT WAS UNDERSTYND  210. ACCIPENT WAS UNDERSTYND  210. ACCIPENT WAS UNDERSTYND  2110. ACC	S 16			CURITY NO. 17 INFORMANT	ADDRE	
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196. DATE OF OPERATION   196. CONDITION FOR WHICH OPERATION WAS PERFORMED   206. AUTOPSY?   206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES   NO     YES   NO     YES   NO   YES   NO     YES   NO     YES   NO   YES   NO     YES   NO   YES   YES   NO   YES   NO   YES   NO   YES   NO   YES   YES   NO   YES   YES   YES   YES   YES   NO   YES   NO   YES	y, or	PART 2. OTHER SIGNIFICANT CO	- 1/	++.//	MINAL DISEASE OR CON	DITION GIVEN IN PART 1(0)
OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER NOTIFY MEDIC ALEXAMINER)  P.M.  21d INJURY OCCURRED  WHILE  AT WORK  AT WORK  22d I certify that (I) (this haspital) attributed the deceased from  sow the deceased alive an obove, (I) (we) (did) (did not) view the body after death.  22e. I certify that (I) (we) (did) (did not) view the body after death.  DEGREE  ATTENDING MEDICAL STAFF  PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR  22e. ADDRESS  23a. BARNAL, CREMATION, REMOVAL  23b. DAJE  23a. BARNAL, CREMATION, REMOVAL  23b. DAJE  23c. D	2 Suny in	190 DATE OF OPERATION				IN CERTIFYING CAUSES OF DEATH?
220 I certify that (I) (this haspital offended the deceased from	-01	OR CONTRIBUTION C CAUSE OF DEATH	HOUR A.M. MONTH	DAY YEAR	RRED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART 1 OR PART 2)
226 Lectify that (I) (this haspital) attended the deceased from 19 and that in (my) (our) apinion death occurred an the date and hour and from the causes stated accurred to the date and hour and from the causes stated accurred to the date and hour and from the causes stated accurred to the date and hour and from the causes stated accurred to the date and hour and from the causes stated accurred to the date and hour and from the causes stated accurred an the date and hour and from the causes stated accu	arked or th		21e PLACE OF INJURY	21f LOCATION	CITY OR TO	WN COUNTY STATE
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2726 PHYSICIAN'S NAME   TYPE OR PRINT)  AUTON'S S. CASSAVEGO S601 Lock Roven Blud.  230 BURNAL CREMATION, REMOVAL   23b DATE   23c NAME OF CEMETERY OR CREMATORY   21h IOCATIONY   25c RAJEREC'D. BY REGISTRAND SIGNATURE	Dept.	22b. SIGNATURE		DEGREE ATTENDING	MEDICAL STAI	22c DATE SIGNED
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- 136 DATE PECINI CREMATION, REMOVAL 136 DATE 136 DATE 136 DATE OF CREMATION OF CRE	OMPO	1 100 101				. 5 000
250. DATE REC'D. BY REGISTIAN 21 DIGISTRAN'S SIGNATURE	23	PELIFY REMATION, REMOVAL	9/25/81	AK / / I / X	BATT	MARE MO
	/80 3/	FUNERAL DIRECTOR;	100/01	250.8	ATE REC'D. BY REGISTIAN	THE AGISTRAN'S SIGNATURE



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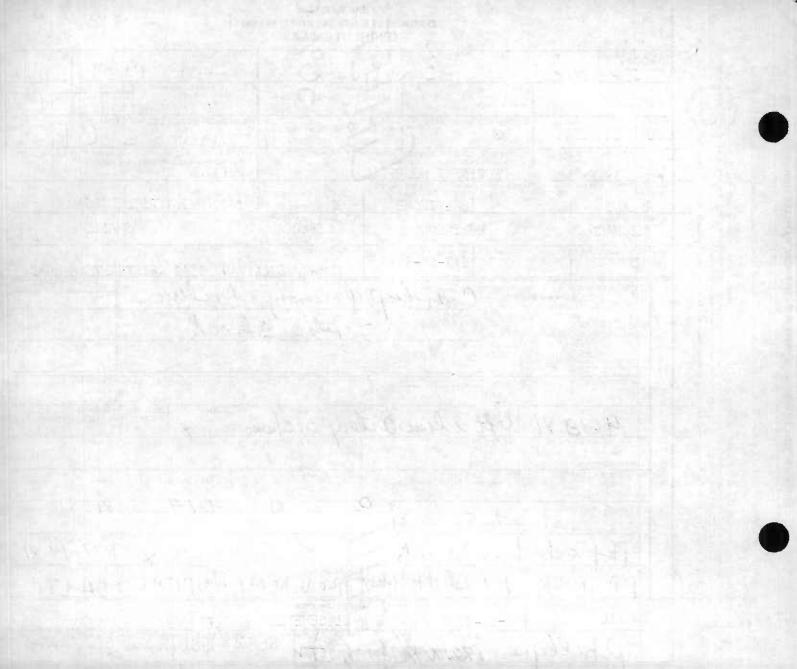


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rs ofter o	20.0	Ballone	1. NAME OF HOSPITAL, NURS	ET ADDRESS) Here D HOSPITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST C	
AND 213	13a	AL RESIDENCE (IF NURSING HOME OR O STATE 13) COUNT	Y 13c CITY/OR TO	WALL 13d INSIDE CITY LIMITS? YES NO	13. STREET ADDRESS	2 utto and
MARYL, smpletely and 2 sh	1	Wallvel ,	Sullato	15 MOTHER'S MAIDEN N FIRST	MIDDLE	durfraver)
IIMORE,	160	NAS DECEASED EVER IN U.S. ARM YES, NO OR UN (NOWN) (IF YES GIVE W	ED ORCES? 166 SOCIAL SEC 2/5-0	182330 Dusmo	Sulfito 5	32 no well and the
i W. PRESTON ST., BA not the death certificate by the attending physic Se remove carbon pape I, cremation, or removal other traumatic event, to		Canditions, if any, which gave rise to immediate couse in stating the underlying cause last.	DUE TO, OR AS A CONSEQ	tory fachers (ade nevative - 2500)	lt vesp dis	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  FOR ST
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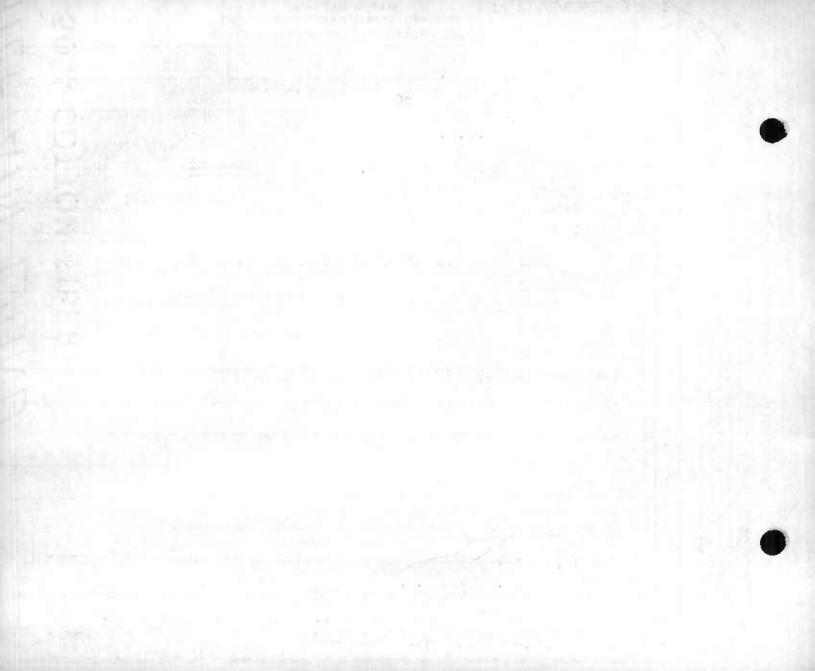


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The Distribution of Death    10 CITY OR TOWN OF DEATH   11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION   120 USUAL OCCUPATION   112 USUAL OCCUPATION	The BIRTHPRACE (STATE OF FOREIGN TO BE ALL TO	The BIRTHPIACE (STATE DEFORMER) IN CITIZEN OF WHAT COUNTRY?  TO BIRTHPIACE (STATE DEFORMER) IN CITIZEN OF WHAT COUNTRY?  TO BIRTHPIACE (STATE DEFORMER)  TO BE CITIZEN OF WHAT COUNTRY?  THE COUNTRY OF DEATH  THE COUNTRY OF TOWN O	frer death	(TYP	OR PRINT) SUMMES (100) 9 6 7 3	DER 21 HRS
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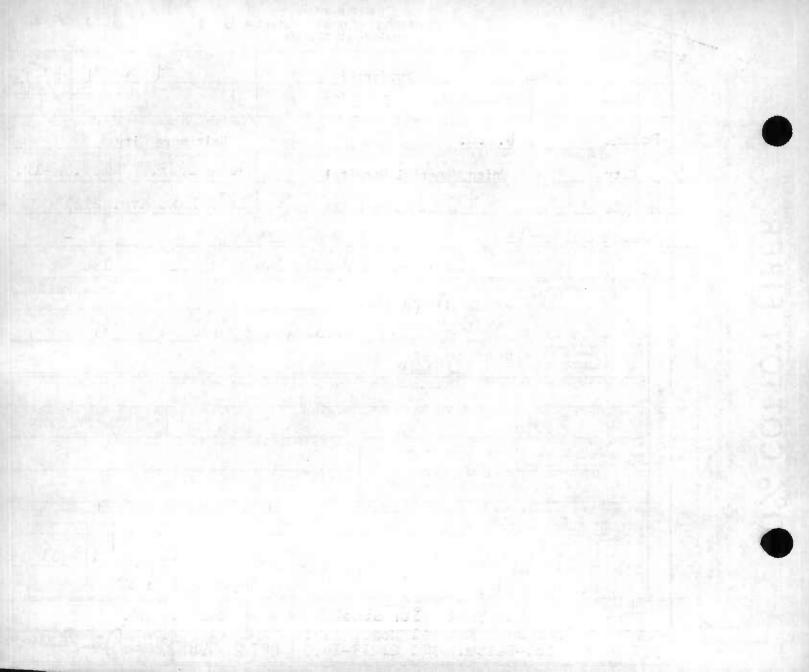
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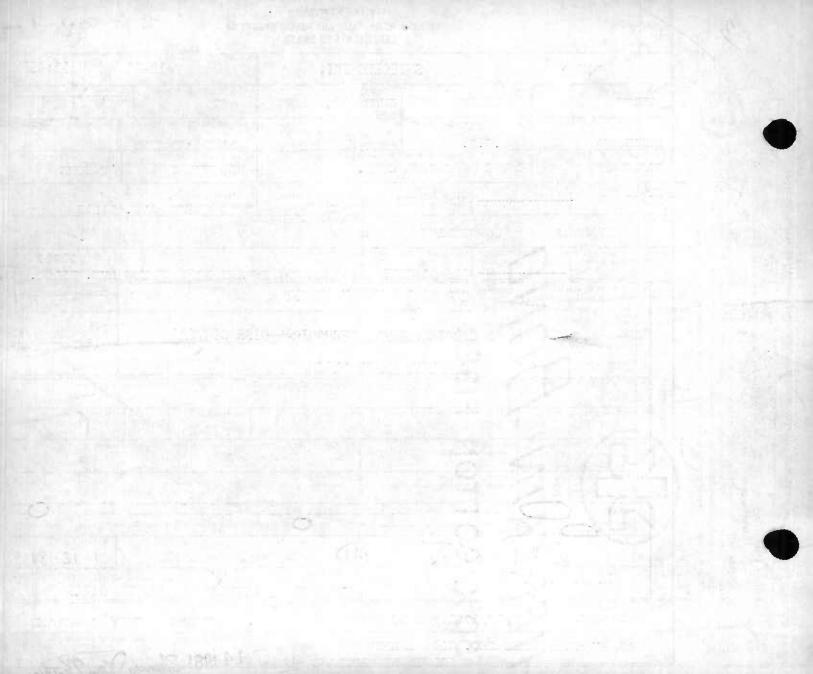
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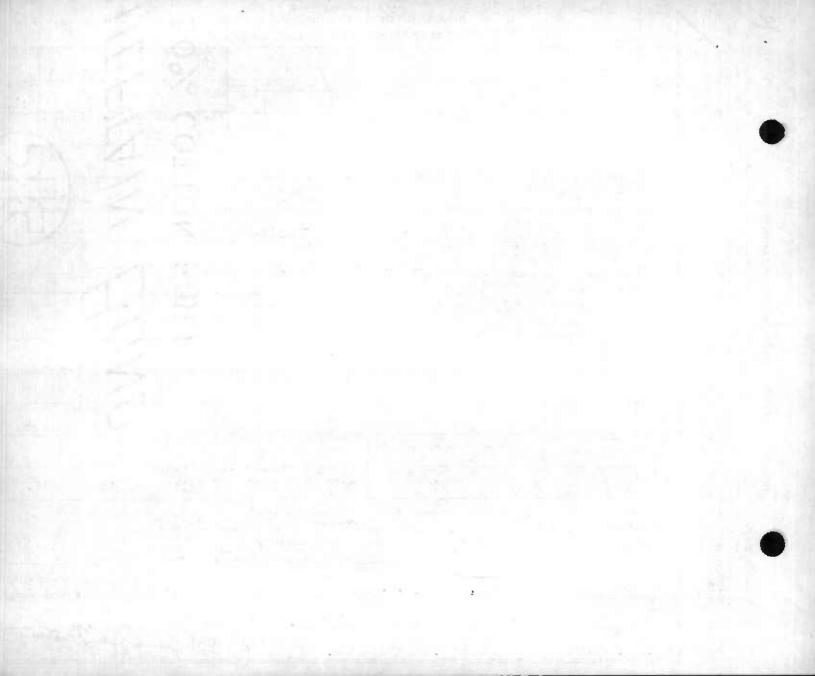
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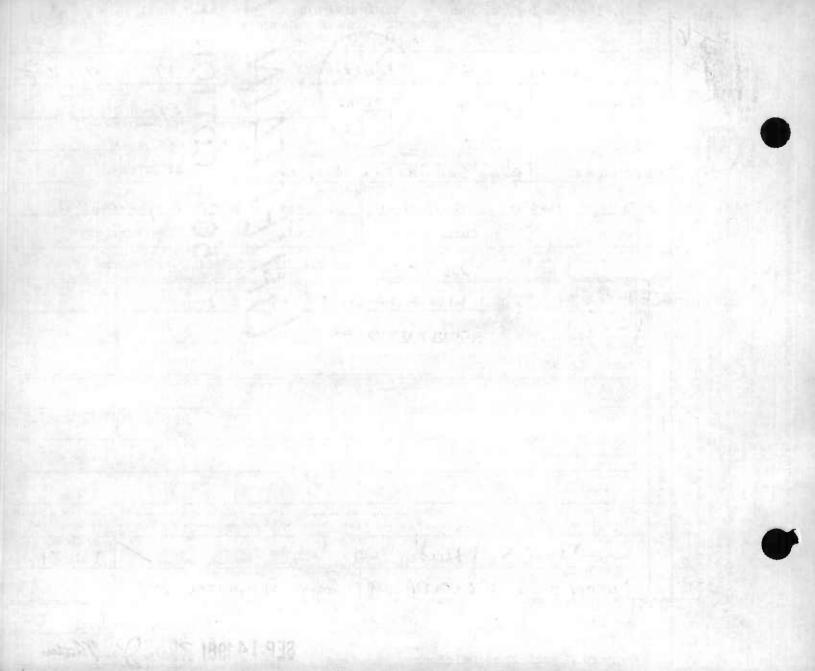


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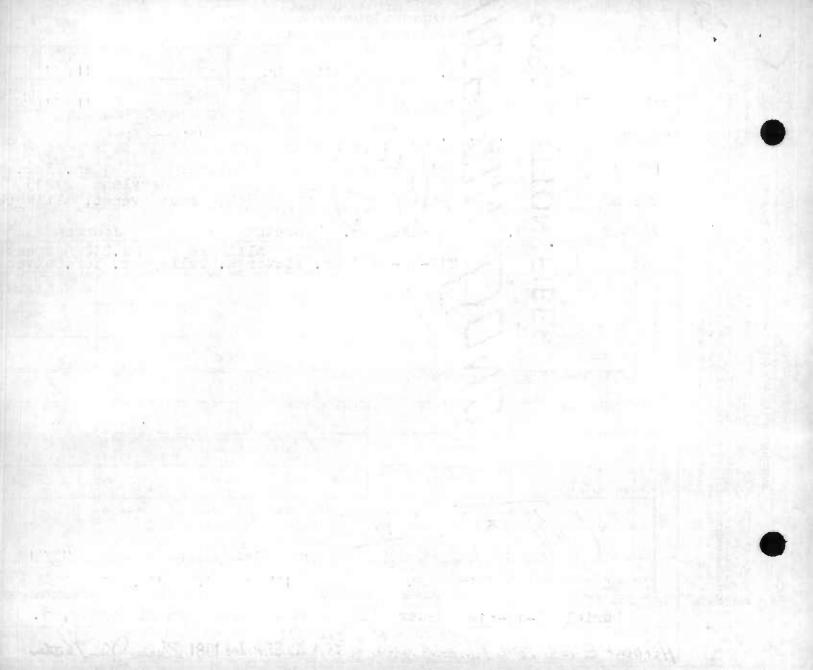
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Leonard J Ruck Inc. Baltimore, Maruland



1	18	1.	FOR STATE	0a-22a F		DEPART	MENT OF	HEALTH	AND M	ENTAL H		7 6		2 3	1	O	1
	1		REGISTRAR		M		EXAMIN	ER'S C	ERTIFIC	CATEO	F DEA		REG.	NO.			
			CEASED NAME	FIRST	A DOMESTIC	WIDDLE			LAST			2a. DATE OF	KNOWN ESTI-	MONTH	DAY	YEAR	2b. HOUR
	PEASE IRECTOR. UR FILES. THOURS N STREET,			Victo	or	R.		Ta	allev	.Jr.			COII.	0 9	11	19 81	_ M
	PLEASE ECTOR. FILES. HOURS	3. SE	X	4. RACE	5. DATE OF BIRT		6. AGE (IN YEA	RS IF UN	DER TYR.	IF UNDER	24 HRS.	2c. DATE	ICED	HINOM	DAY	YEAR	2d. HOUR
	\$25E3	Ma	ale	Black	10 2		21 YR		DAYS	HOURS	MIN	PRONOUN DEAD	ICED	9	11	19 81	9:23 p m
	一次的	PE B	IRTHPLACE (ST	ATE OR	76. CITIZEN OF	WHAT COUN		8 MARRIE	D NE	VER MARRI	ED KI	9. BALTIM	ORE CITY	OR COUN			
	<b>《新春春春</b> 》		ryland		U. S.	. A.		WIDOW		DIVORC		Balt	imore	e City	/ .		MD.
	20世紀中2	10. C	ITY OR TOWN	OFDEATH	II. NAME OF H	OSPITAL, NUI		, OR OTHE	R INSTITU	TION	12a USI	UAL OCCUI	PATION (		126 KIN	ND OF BUS	SINESS
	SCHER PARTY	Ba	Itimore	102.23	543		ce Aver	ue			La	bore:	ring (IFE)			1.El	
	AAIN A	USU.		IF IN NURSING HOME C	OR OTHER INSTITUTION,	GIVE RESIDENCE	BEFORE ADMISSIO	N)	13d. INSIDE C	IPM A LANGE A			Mo	ryla		212	
	E, MD. 21201 ATH. IF ANY DELAST. 2, AND 31D PM 3. RETAIN P ND 2 SHOULD BE VITAL RECORDS	100	ryland	J. COON	11	Ba	or town Ltimor	re	YES X	NO [	543	7 Pr	00	-			imore
	AL AL	14. F.	ATHER'S NAME						15. MOTHE	ER'S MAIDE	100			11 / 011			
1	SEN PRICE		Victor		R.	Ta	alley	Sr.	Do	reth	na	M	IDDLE	J	ohns	son	
	MON NO	16a. \	VAS DECEASED	EVER IN U.S. ARA	MED FORCES?		IAL SECURITY		17 INFORA			more	ADDRE	ssMd.	2122	+205	reet
	BALTIMORE RS AFTER DE GIVE PAGE VITH FORM IVISION OF	1	No	WN) (IF YES, GIVE	WAR OR DATES)	217-	-74-55	89	Mr. T	Victo	or R	Ta	lley	Sr.	565	Cu.	lver
	S S S S S S S S S S S S S S S S S S S		18 CAUSE OF	DEATH (Enter on	ly ane cause per li	ne far (a), (b)	, and (c).)								AP	PROXIMATE	INTERVAL
	N STANDER	1	PART I DE.	ATH WAS CAUSED	D BY: TE CAUSE (o)		otism								BETW	EEN ONSET	AND DEATH
	AZ 24 AZ 24		304	19		R AS A CON	SEQUENCE C	)F									100
	THILL IN THE WERE	-		s, it any, which	(b)												
	W. WIN		couse (o)	stating the <u>under-</u>	< 1-1	R AS A CON	SEQUENCE C	)F									
	201 EXA		lying cou	se last.	(c)												
	DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. WER. THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF CATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM, 18. GIVE PAGES 1, 2, FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. OR: PAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT. PAGES 1, AND 2.S THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITAL ND, 21201 PRICK TO BURIAL, CREMATION, OR REMOVAL.		PART 2 OTNER SIG	NIFICANT CONDITIONS		TH BUT NOT RELA	TEO TO THE TERMI	NAL OISEASE	OR CONDITIO	N GIVEN IN PAI	BT T (a).						
	SE E SE	NO.															
	LE VER VER VER VER VER VER VER VER VER VE	MEDICAL CERTIFICATION	190. DATE OF	OPERATION	19b. CONI	OITION FOR V	WHICH OPER	ATION WA	AS PERFOR	MED?		11/03/			20. A	UTOPSY?	
	AT SESSION	Ĕ													Y	ES 🖾	NO 🗌
	ATE OF NEW CORNERS OF	T #		L CAUSE WAS		OF INJURY	DAY VEAR	21c. HO	W INJURY	OCCURRE	D (ENTER	NATURE OF INJ	URY IN ITEM	18 PART I OR P		73	
	N SHOOTE	3	UNDERLYING CONTRIBUTIN	G CAUSE OF E		.M.	DAY YEAR										
	CERTIFICATE TING THE WEST TO THE STANDING THE WEST TO THE DEPARTMENT TO THE PRIOR TO THE TOTAL T	i i	21d. INJURY O			E OF INJURY		21f. LOC	REET	. 7.11		6.000.00.00					
	DIVARIO WARD VAGE FATE (2120)	2	AT WORK	NOT WHILE	]   31,60	CIORT, PARM, EI	C.)	31	MEET			CITY OR TO	WN	C	OUNTY		STATE
	E TH.		77s I certif	w that I selbe chart	the remains d	escribed obs	en held on	Autops	, [X].	Inspection	. 🗇	Inquiry		and in my o			
	A S S S S S S S S S S S S S S S S S S S		death resulte	/ ///	Travers E	A Accident		de .	Hamic			ermined mo			pinian		
	PERTINA NITH			/ ///	/	1110	1	inde L,		PECIFY)	Onder	ermined inc		,			
	MACOUNTY WAS		ACTUAL SIGNATURE_	( / XA	ovoch	1 no	miso	M			iefen	ICAL EXAM	INIED	DATE	9	/12/	81
	SEA SEA			100	1		V				LL S MILD	ICAL EXAM	IIIAEK	SIGN	JED	7.157	
1	# 5 % <b>5</b> %	1	(TYPE OR PRIN	NAME Thoma	as D. Smi	th, M.	D.	-	ADDRESS_	111	Penn	St.	Balt	to., N	ID.		
	TO MEDICAL EXAMINER: THE VENTHEICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAGE DETAIN WITH THE STAME DETAINORE, MARYLAND, 2	23o. B	URIAL, CREMAT	ION, REMOVAL 2	3b. DATE	23c. N	IAME OF CEA	NETERY OR	CREMATO		23d. LC	CATION			LIBITY		
	-n OBP	1	Bu:	rial 9	-17-81	= Ce	dar H	ill	Ceme	tery	Ann	CATION OR TOWN	unde	el Co	ünt;	y,Mď	•
2	788 DHMH-17	24 F	UNERAL DIREC	TOR	ADDRE	"BALL	o.md.	2/7	16			REGISTRA	R 256. RE	GISTRAR'S	SIGNATI	JRE	
-	(VR A15 ME (5))	H	erbent	E.NUT	TON FU	NERA	4 Home	303	5N.1	W SEA	P/304	1981	Rass	cas V	'ean I	Keth	\$6 ·
	15M 2/80	-											LA Z PO				



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FOR

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYCIENE

60	J	1	U	4

-	1.	STATE REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO	D.		
		CEASED NAME FIRST	MIDDLE		AST	20 DATE OF DEATH	MONTH DAY	YEAR	2b HOUR
N		VAIKE		TA	LTS	SEPTEMBE	R 26.	1981	12:314
ا		Female	White	5. DATE 0	1/1918 YEAR	6 AGE (IN YEARS LAST BIRT	HDAY) IF U	INDER I YEAR	IF UNDER 24 HRS
-		IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	RY? 8	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF	DEATH	
7		Estonia	U.S.A.	WIDOWE	DIVORCED [	BALTIMOR	E CITY	Z	MD.
3		Baltimore	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE S THE JOHNS H	OPKINS		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Administr	WORKING LIFE)	INDUSTRY	stant
9	N		eens Coro		13d. INSIDE CITY LIMITS? YES NO	110-03 S	aultel	Ll Av	e.
1		Johannes	Vaoma Vaoma	a	Julia	MIDDLE		Piit	
3		VAS DECEASED EVER IN U.S. ARI YES NO OR UNKNOWN) (IF YES, GIV		6-1410	Andres Tal		804 De allsto		d.
		18 CAUSE OF DEATH. Enter on PART I. DEATH WAS CAUSE IMMEDIAT Conditions, if ony, which gove rise to immediate cause (o), stating the underlying cause lost	D BY:  E CAUSE (0) CO.CO  DUE TO, OR AS A CONSE	OUENCE OF	a mening	rest , o na		4	MATÉ INTÉRVAI INSET AND DÉATH
	NOI	PART 2. OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM!	inal disease or cond	ITION GIVEN	IN PART No	
2	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WH	TICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?  YES □ NO ▼	206. IF YES, W IN CERTIFYIN YES	ERE FINDING CAUSES	IGS USED OF DEATH?
7		21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		DAY YEAR	21¢ HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART	ORPART?)	
	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	FICE, FARM, ETC )	21f LOCATION STREET	CITY OR TO	VN	COUNTY	STATE
		22a.l certify that (I)(this-baspii saw the deceased alive on above. (I)(we) (II)	9126	9 51 ,01	DEGREE ATTENDING	death occurred on the do	te and hour on		_
	1	274 PHTSICIAN'S NAME (119)	4085en 608	79	PHYSICIAN [	DIRECTOR PHYSIC	HO2 C	400	70/
-	23a E	BURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d LOCATION	1.030.	172.3	
	(	Burial	9/29/81		sco Cem.	Valhall	a	N	.Y.
	24 F	leming Funera	nes al Service ADDRE	Bens	018 on, Md. 25a. DATE	REC'D. BY REGISTRAR	Sb. REGISTRAR		

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the hospital or attending physician

should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be filled in by the shall be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be filled in that the State of the should be filled in the pages. The shall be should be filled in the pages of the shall be should be filled in the shall be shall b

IMPORTANT: If them 21 is marked or them 18 shows only injury, or other troumatic event, the

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Maria David Maria Maria	

Mitchell-Wiedefeld Home, Inc. Balto., Md. 21212

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

CERTIFICATE OF DEATH

6500 York Rd.

26 HOUR

126 KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

INDUSTRY

YES X

1281

COUNTY

224. DATE SIGNED

9/30/81

1:33p

DHMH - 16 50M 1/81

(VRA 15, 4)

- STATE

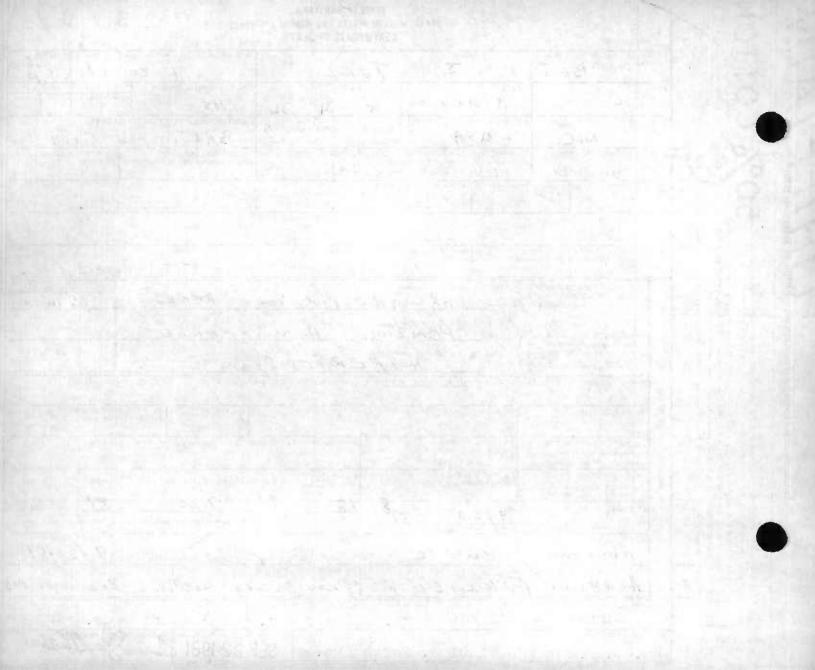
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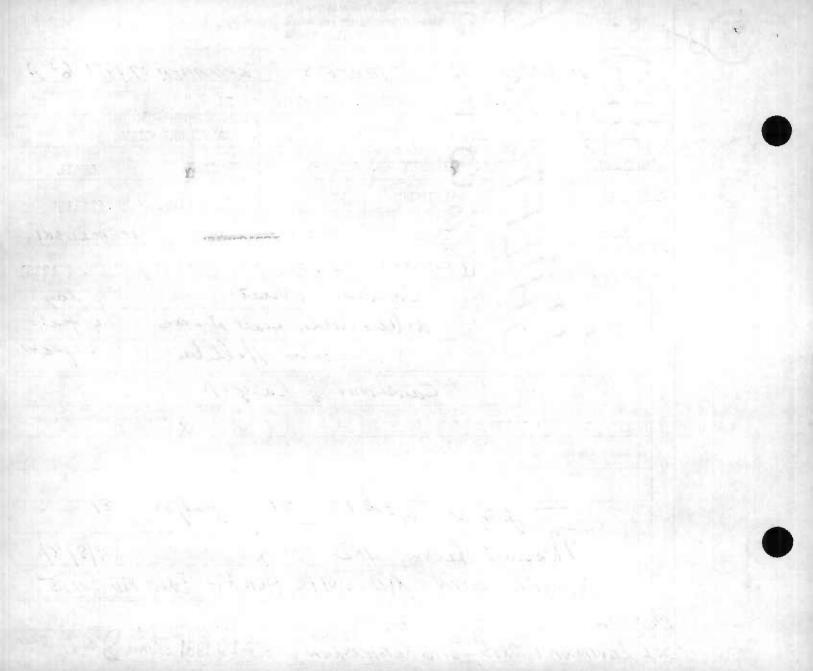
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DIVISION OF VITAL RECORDS, 201

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Ritchie Hwy

Balto .. Md. 21225

FOR

LEUNERAL DIRECTOR

Gonce

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,

DHMH-16 30M 2/80

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

STATE

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	372	13	,	FOR - STATE	DEF		EALTH AND MENTAL HYGI	ENE Ö 1 4	3 /	1 0
	144			REGISTRAR			ICATE OF DEATH	REG. NO.		
200 H.	49 %	c		DECEASED NAME FIRST  YPE OR PRINT)	MIDDLE		AST	20. DATE OF DEATH MONTH	DAY YEAR	2b. HOUR
0	345 Mg	0	L	Charles	E		Thomas	9-27-81		3.1904
S (10)	-	101	3.	SEX SILCLE AGE	4 RACE	S. DATE C	F BIRTH	AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
2	D.	2150		male	black	1	4 1912	69 YF		MIN.
	20.17	ريو ع	70	BIRTHPLACE (STATE OF FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUP	ITRY? 8	D NEVER MARRIED	BALTIMORE CITY OR COU	NTY OF DEATH	
	Di Contra	<b>という</b>	3	Va.	USA	WIDOWE		Baltimore	City	MD
-	2 2	ed of	10	CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL, N	URSING HOME	OR OTHER INSTITUTION	120 USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORK IP	126, KIND OF	F BUSINESS OR
6 4		Southed with	3 E	altimore	The Johns	Hopkin	s Hospital	(TYPE OF WORK FOR MOST OF WORK IF	NG LIFE) INDUSTRY	
212	0 5	pe pe	13	UAL RESIDENCE (IF NURSING NOME OR	OTHER INSTITUTION GIVE RESIDENCE	BEFORE ADMISSION)				
B 년	25	Should	5	Md		imore		3e STREET ADDRESS 2402 Vonder	noret In	no
YLAN	4 4	- E	14.	FATHER'S NAME			15. MOTHER'S MAIDEN NAM	E	TOTSC La	ne
MAR		350	011	nknown	MIDDLE	57	FIRST	WIDDLE	LAST	
	too co			. WAS DECEASED EVER IN U.S. AR	MED FORCES? 166. SOCIAL	SECURITY NO.	unk 17 INFORMANT	ADDRESS		
BALTIMORE 7 Med	exe	medico		(YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	07 (50)	***	7 0400 **		
M	e be	ol.	<b>=</b>	no			Veronica W	ard 2402 Vor		
	hysin	ovo ont, 1	8	18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	D BY:	b), and (c).)	7		BETWEEN O	NATE INTERVAL
	ng b	re de c		IMMEDIAT	TE CAUSE (a)	s-p-var	ion crue a			
P P	- Pue	nove con nation, or troumotic		1629	DUE TO, OR AS A CON	SEQUENCE OF	1			
RES1	0 to	atio roun		Canditions, if any, which gove rise to immediate	(b) \\\	ter tertic	Lung Corcer,		-	
V. PRE	th Koroell	her		couse (a), stating the underlying cause last.	DUE TO, OR AS A CON	SEQUENCE OF				
10 D	و ق	burial, crem ry, or other			(c)			Market Services		
RECORDS, 201 W. PRESTON On Approval	DES		1 2	PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTIN	G TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE OR CONDITION	GIVEN IN PART 110	
ORD	red sen s	or to	CEPTIFICATION							
RECC	an.	ne prior	2	190 DATE OF OPERATION	196. CONDITION FOR V	HICH OPERATIO	N WAS PERFORMED	20a AUTOPSY? 20b. IF	YES, WERE FINDING RTIFYING CAUSES O	GS USED OF DEATH?
		- 0 0						YES NO	YES	NO 🗌
> 0	em hysici ficote	of o			216. TIME OF INJURY HOUR A.M. MONTI	H DAY YEAR	21c. HOW INJURY OCCURRE	D (ENTER NATURE OF INJURY IN ITEM	18 PART 1 OR PART 2)	
NO NO	o bu	ltem	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER		19				
el e	Page sq.	o V P	3	21d. INJURY OCCURRED	21e. PLACE OF INJURY	SELICE EARM ETC.)	21f. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
Re	offer ter	rked	1 3	AT WORK NOT WHILE AT WORK	TAT TOME, STREET, THE TORT, C	TICE, FARM, ETC.)				
a	A A	eolt eolt		220-1 certify that (1) (this haspi	tal) ottended the deceased	rom	, 19 -	. to 9/27	. 19 Kl	hat (I) (we) lost
	OR ATTEN e hospital DIRECTOR:	21 i		sow the deceosed alive an abave, (1) (we) (did) (did na	t) view the body after death	_19, or	d that in (my) (aur) apinian de	oth accurred an the date and	haur and from the c	auses stated
	hos IREC	ept.		22b. SIGNATURE	I wew me oddy direr dedin		DEGREE		22c. DATE S	SIGNED
	, <u>-</u>	ate D		Ma 4/1	An .		ATTENDING PHYSICIAN T	MEDICAL STAFF	9/2	7/81
	HOSPITAL ned by th FUNERAL	Sto AN		22d. PHYSICIAN'S NAME (TYPE O	R PRINT)		22e ADDRESS	DIRECTOR ES THISICIANTE	1 . 4	
	HOS FUN	with the State		ma	Rh		Johns 1)		7	
	10 Tefa 10	W.H	22	BURIAL, CREMATION, REMOVAL	17UUNATE	T22, NIAME OF C	EMETERY OR CREMATORY	123d LOCATION	10/1	
000	700		23	(SPECIFY)				CITY OR TOWN	COUNTY	STATE
180	RP-		24	Burial	10/3/81	westvi	ew Mem Park	Catonsvill		Md
	DHMH-16 30/			William C. Mar	1- TD /TT 1 1 ADD	RESS	230. DATE	REC'D. BY REGISTRAR 25b. REC	SIGNAL SIGNAL	Varthen
	(			writian c. Mar	Cn F/H 110.	L E. No	rth Avel CF	30 1081 Pau	1C60 100m	In Maria

Letterc. with to widel out?

DHMH - 16 50M 1/B1 (VRA 15, 4)

- STATE

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REGISTRAR REG. NO DECEASED NAME LAST 2n. DATE OF DEATH 2h HOUR CHRISTINE THOMAS 9/10/81 12:47p 4. RACE 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) Female Caucasian Aut 23041 1906 TO BIRTHPLACE (STATE OF FOREIGN BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED Maryland U.S.A. Baltimore City DIVORCED [ 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH 170 USUAL OCCUPATION 17h KIND OF BUSINESS OR Church Home & Hospital Baltimore Housewife USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 130 CITY OR TOWN 13b COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Baltimore .240 Armistead Way 21205 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Unknown Zimmermann Unknown MIDDLE 166 SOCIAL SECURITY NO. ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (IF YES GIVE WAR OR DATES) 218-10-672d John Thomas Same as 13e 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).

PART I, DEATH WAS CAUSED BY: CHRXONIC PULMONARY DISEASE APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DUE TO, OR AS A CONSEQUENCE OF Conditions, if onv. which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 PNEUMONIA, CONGESTIVE HEART FAILURE 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 20n AUTOPSY? IN CERTIFYING CAUSES OF DEATH? 710. ACCIDENT WAS UNDERLYING 71h TIME OF INJURY 716. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY AT HOME, STREET, FACTORY OFFICE FARM, ETC ) STATE WHILE NOT WHILE AT WORK 220.1 certify that (1) (this haspital) attended the deceased from 81 and that in (my our) opinion death accurred on the date and hour and from the causes stated DEGREE 22c. DATE SIGNED

230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

23c. NAME OF CEMETERY OR CREMATORY Moreland

23d LOCATION

DIRECTOR PHYSICIAN

MEDICAL

PHYSICIAN [

Baltimore, Md. STATE

Schimunek Funeral 2H2H3+1899 250 DATE REC D. BY REGISTRAR ZAM STRATE ISMADE

21229

HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

- STATE

DIVISION OF VITAL RECORDS,

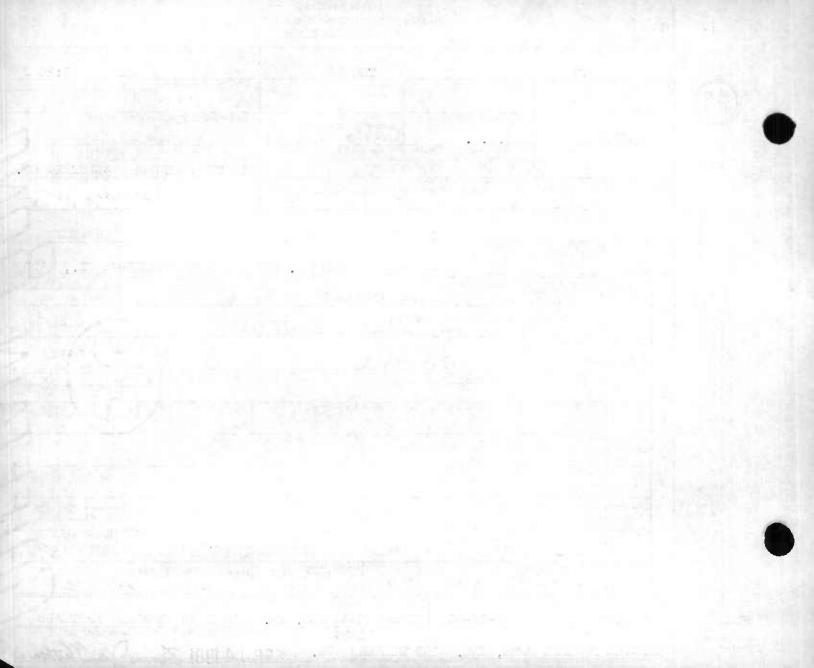
DHMH-16 30M 2/80 (VRA 15, 4) REGISTRAR

24. FUNERAL DIRECTOR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE



Services of the services of th I THE THE THE THE PERSON WINDS AND A THE will be the second of the seco The Nine you

L	FOR STATE REGISTRAR		STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	23714
	DECEASED NAME FIRST  YPE OR PRINT)	MIDDLE	LAST	20. DATE OF DEATH MONTH	18.77001
	WILSON	Warner	THOMAS	9	19 81 9:08P
3.	MALE MALE	4. RACE WHITE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN. YRS.
25 u	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	7b. CITIZEN OF WHAT COUNTRY? U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR CO	
3	BALTIMORE	11. NAME OF HOSPITAL, NURS II NOT IN SUCH FACILITY, GIVE STREE VAMC 3900 LOC		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK	RING LIFE) 12b. KIND OF BUSINESS OR INDUSTRY
35 13	MARYLAND Ball		/N 13d. INSIDE CITY LIMITS?		trick Road
30	Silas Wil	son THOMA	5 NonA		Dobl
2		ARMED FORCES?   16b. SOCIAL SECTION   16b. S		ADDRESS 8670	Black Oak Road
	PART I. DEATH WAS CAU	only one couse per line for (o), (b), or SED BY: ATE CAUSE (o) CARDIC		HEREST	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate couse (0), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE  (b) Model  DUE TO, OR AS A CONSEQUE	state maligr	ent melanur	e_
200		T CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION	N GIVEN IN PART 1(0)
POTIEICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \( \text{ NO } \)
9	71g. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITE	M 18 PART I OR PART 2)

HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED

23b. DATE

YEAR 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

211 LOCATION

CITY OR TOWN 81 9-19

COUNTY

STATE

228.1 certify that (X (this hospital) attended the deceased from the deceased alive on 9-19 8-29 81 and that in 🗱 (our) opinion death accurred on the date and hour and from the causes stated sow the deceased alive on 226. SIGNATURE DEGREE 22c. DATE SIGNED

22e. ADDRESS

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

NOT WHILE

ATTENDING PHYSICIAN

MEDICAL STAFF DIRECTOR PHYSICIAN

23c. NAME OF CEMETERY OR CREMATORY

23d LOCATION

236. BURIAL, CREMATION, REMOVAL (SPECIFY) BP. RIAL

MEDICAL

should be detached for use as the burial-tran with the Stote Dept. of Health and Mental Hy

DHMH-16 30M 2/80

(VRA 15, 4)

morked or Item 18

MPORTANT: If Hem 21 is

FUNERAL HOME

7401 Belair Road

Overlea

COUNTY REGISTRAR 256. REGISTRAR'S SIGNATURE

STATE

AFFINE KOLDE THE STREET IN to a stable same or dely office . It cheers to stable the same perfreyittee in our conferred to  ner must be notified at onte.

IMPORTANT: If Hem 21 is marked at Item 18 shaws ony injury, or ather traumatic event, the

FOR

## STATE OF MARYLAND

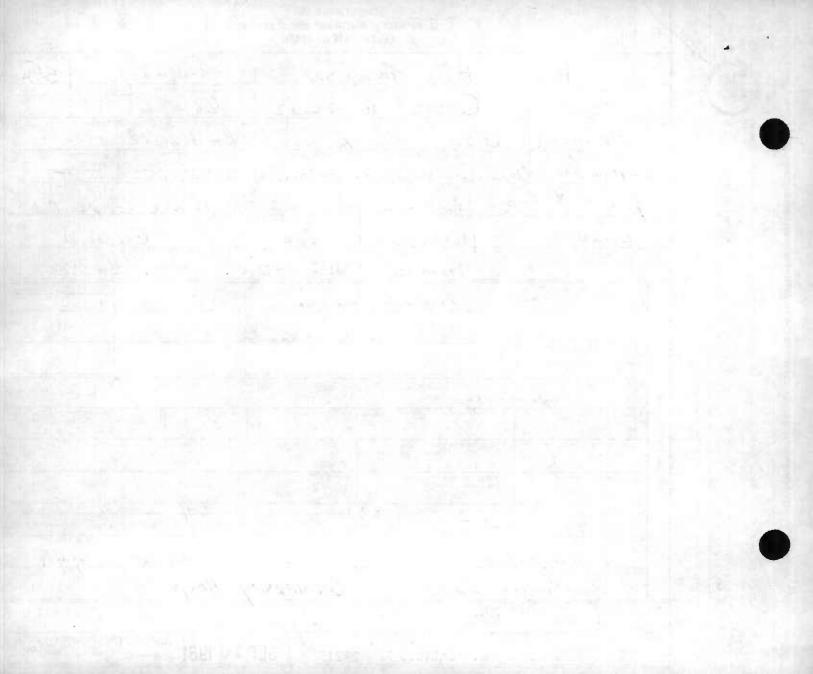
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3

9	1	REGISTRAR		CERTIF	ICATE OF DEATH	REG. N	10.	
		CEASED NAME FIRST	WIDDLE	1-	AST	20. DATE OF DEATH	MONTH DAY YEAR	26 HOUR
			NA KXX	Thon	IPSON	7-4	1-81	5 AM
	3 SEX	L	4 RACE	S. DATE C	DAY YEAR	6. AGE (IN YEARS LAST BIR	RTHDAY) IF UNDER 1 YEAR	
	201	RTHPLACE UNITATE OR FOREIGN		CASIAN //	22 12	68	YRS	
1	200	COUNTRY 100 1	76 CITIZEN OF WHAT	MARRIED	NEVER MARRIED	0 11	OR COUNTY OF DEATH	
_	In CI	TY OR TOWN OF DEATH	U. J.	WIDOWE TAL, NURSING HOME O	And V	DA ITIN	nore CIT	OF BUSINESS OR
38	1:	Baltimore,	UNIVERSITY	of Md. A	+ Baltmure	TYPE OF WORK FOR MOST	DEWORKING LIFE) INDUSTR	
>	13a S	AL RESIDENCE (IF NURSING HOME STATE 136 CO		SIDENCE BEFORE ADMISSION	134 INSIDE CITY LIMITS?	13a. STREET ADDRESS	0	#21208
C		1000	DUMBRE 13	Altimore		7411 PCIN	ce Georg	e Rd.
> 1	14 FA	ATHER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIDEN NAM	MIDDLE .	0	AST 1
> (	/	EMANUEL	710	nmelfarb	Ida	DADED TO SE	Gerstei	$\sim$
2		VAS DECEASED EVER IN U.S. A	GIVE WAR OR DATES)	OCIAL SECURITY NO.	17 INFORMANT MR			1.000
		NO	129	8-10-6595	6413-A DORAL	DR. BAJ		1209
	F	18 CAUSE OF DEATH Enter PART I. DEATH WAS CAU	anly one cause per line for	r (a), (b), and (c).1	-,		BETWEE	NONSET AND DEATH
		IMIL G IMMEDI	ATE CAUSE (0)	esperatory	fulure			
		1.147	DUE TO, OR AS A	CONSEQUENCE OF				
		Conditions, if any, which gave rise to immediate	( tb)	netustatii	Breast Cance	2		
	100	cause (a), stating the underlying cause last	DUE TO, OR AS A	CONSEQUENCE OF				
			(c)					
	NC	PART 2. OTHER SIGNIFICAN	o wolemin	BUTING TO DEATH BUT	NOT RELATED TO THE TERMI	INAL DISEASE OR CON	DITION GIVEN IN PART	10
0	CERTIFICATION	190 DATE OF OPERATION		FOR WHICH OPERATION	N WAS PERFORMED	200 AUTOPSY?	206 IF YES, WERE FIND	INGS USED
-1	TIFIC					YES T NOT	IN CERTIFYING CAUSE	S OF DEATH?
1	CER	210. ACCIDENT WAS UNDERLYING			21c. HOW INJURY OCCURR			
G.	AL	OR CONTRIBUTING CAUSE OF E	( 11)	NONTH DAY YEAR				
1	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJ	URY	21f LOCATION	CITY OR TO	OWN COUNTY	STATE
1	¥	WHILE NOT WHILE AT WORK	(AT HOME STREET, FAC	TORY, OFFICE FARM ETC )	SIMEET	CITTORIC	)WN COUNT	STATE
		22a.1 certify that (1) (this has	pital) attended the dece	osed from 9/3	8/ 19			, that (I) (we) last
		saw the deceased plive a abave, (1) lwe) (did) (did	not) view the body ofter of	19 81 on	d that in (my) (our) opinion d	leath occurred on the d	ate and hour and from th	e couses stated
		22b. SIGNATURE	and the will be dead of the co		DEGREE		22c. DAT	ESIGNED
		Dr maile	ne Jako		ATTENDING PHYSICIAN	MEDICAL STA		14/81
I	-	224 PHYSICIAN'S NAME (TYP	OR BRAIT)		22e ADDRESS	11		7
		DR. 11/A	RLENE JAK	20	UNIVERSIT	1 HOSP		
3		BURIAL, CREMATION, REMOVA			METERY OR CREMATORY	23d. LOCATION	COLLEG	STATE
	4	DURIAL	9/6/81		L MEM. PARK	RANDALLS		MD MD
	24 FU	JNERAL DIRECTOR SOL		BROS., INC.		REC'D. BY REGISTRAR	D7 \V	og The The
		6010 REISTERS	TOWN RD. B	ALTO., MD	21215 SEI	P 1 U 1981 a	Parces Jan	1 lecthon

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.



£ 4		REGISTRAR dad CEASED NAME FIRST OR PRINT)	HA	S .		om PSON	REG. NO.		YEAR 26. HO
/AX	3. SE	(	4 RACE		5. DATE C		6. AGE (IN YEARS LAST BIRT	HDAY] IF UNI	DER I YEAR IF UNE
(4XI)		Female	Blac		10		87	YRS.	
1/9	C	RTHPLACE (STATE OR FOREIGN DUNTRY) GA	76. CITIZEN OF WH	SA	WIDOWE	The state of the s	9. BALTIMORE CITY O Baltimo		
by the filled with		Baltimore	(IF NOT IN SUCH FA	SPITAL, NURSING ACULTY, GIVE STREET A LACENT H	DDRESS)	tal	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF		b. KIND OF BUSI DUSTRY
filled in nould be	13a. S	AL RESIDENCE (IF NURSING HOME OF TATE 13b COL	OR OTHER INSTITUTION, GIV INTY	E RESIDENCE BEFORE LOWING CITY OR TOWN	re re	134 INSIDE CITY LIMITS? YES A NO	13. STREET ADDRESS 2123 Cr	imea Ro	oad
ond 2 sh	14. F.A	THER'S NAME John William	MIDDLE	hompso	n	Mary	ME MIDDLE E		LASTA
ages I		VAS DECEASED EVER IN U.S. A	RMED FORCES? 16	SOCIAL SECUI		17 INFORMANT	ADDRE		
Poo me		(IF YES, GI	1	06-28-49	541	William N.	Howard 2	123 Cr:	imea Ro
7 0 0 £		underlying cause last.	1	4 4	a For				
signed b hen pleas to burial, ijury, ar a	NO	PART 2 OTHER SIGNIFICANT	(c)			rotic cardio			PART 1(a)
has been signed b it permit. Then pleas rene prior to burial, naws any injury, ar a	TIFICATION		CONDITIONS CON	TRIBUTING TO D	EATH BUT			DITION GIVEN IN	RE FINDINGS US CAUSES OF DE NO
og physicion. certificate has been signed b riot-transit permit. Then pleas ental Hygiene prior to buriol, litem 18 shaws any injury, ar a	CAL CERTIFICATION	PART 2 OTHER SIGNIFICANT	CONDITIONS CON  196 CONDITIO  216. TIME OF II HOUR A.M. P.M.	TRIBUTING TO D ON FOR WHICH ( NJURY MONTH DA	OPERATIO	NOT RELATED TO THE TERM  N WAS PERFORMED  21c. HOW INJURY OCCURR	200 AUTOPSY?  YES NO	20b. IF YES, WEI	RE FINDINGS US CAUSES OF DE NO
hos be ene pri	MEDICAL CERTIFICATION	PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	196 CONDITIONS CON  196 CONDITIONS CON  196 CONDITIONS CON  216 TIME OF II  HOUR A.M.  P.M.  21e PLACE OF	TRIBUTING TO D ON FOR WHICH ( NJURY MONTH DA	OPERATIO  Y YEAR  19	NOT RELATED TO THE TERM	200 AUTOPSY?  YES NO	206. IF YES, WEI IN CERTIFYING YES 1	RE FINDINGS US CAUSES OF DE NO
e hospital or attending physician.  DIRECTOR: After this certificate has be ched for use as the burial-transit permit Dept. of Health and Mental Hygiene pri Hem 21 is marked ar Item 18 shaws an		PART 2 OTHER SIGNIFICANT  190 DATE OF OPERATION  210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINE 210 INJURY OCCURRED WHILE AT WORK AT WORK  220.1 certify that (1) (this has sow the deceased alive of the contribution of the	196 CONDITIONS CON 196 CONDITIONS CON 196 CONDITIONS CON 196 CONDITIONS CON 197 CONDITIONS CONDITIO	NJURY MONTH DA  INJURY FACTORY, OFFICE, FA	OPERATIO  Y YEAR  19  ARM, ETC.)	NOT RELATED TO THE TERM  N WAS PERFORMED  21c. HOW INJURY OCCURR  21l. LOCATION	200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJUR  CITY OR TOW	206. IF YES, WEI IN CERTIFYING YES  YIN ITEM 18, PART 1 C	RE FINDINGS US CAUSES OF DE NO DR PART 2) DUNTY, that (1
hos be ene pri	MEDICAL	PART 2 OTHER SIGNIFICANT  190 DATE OF OPERATION  210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINE  21d INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK  220. Leertify that (1) (this has sow the deceased alive or obduing (if well ideal) and its second and incomplete its second and in	CONDITIONS CON  196 CONDITIONS CON  216. TIME OF III HOUR A.M. P.M. 21e PLACE OF (AT HOME, STREET  210. TIME DOTALLY CONTROLLY	TRIBUTING TO D  ON FOR WHICH (  NJURY MONTH DA  INJURY FACTORY, OFFICE, FA	OPERATIO  Y YEAR  19  ARM, ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED  21c. HOW INJURY OCCURE 21l. LOCATION STREET  . 19 d that in (my) (aur) apinian and the content of th	200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJUR  CITY OR TOW  to death occurred an the do	206. IF YES, WEI IN CERTIFYING YES  YIN ITEM 18, PART 1 C	RE FINDINGS US CAUSES OF DE NO DR PART 2) DUNTY , that (I

191 8 19 112 Hally month ALTHUR Condition of water Ament ALTONOMIT GENOMA

Tarring Funeral Home, P.A., Aberdeen, Md. 21001-33 9EF

FOR

REGISTRAR

24 FUNERAL DIRECTOR

DHMH - 16 50M 1/B1

(VRA 15, 4)

- STATE

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE O

REG. NO

(198)

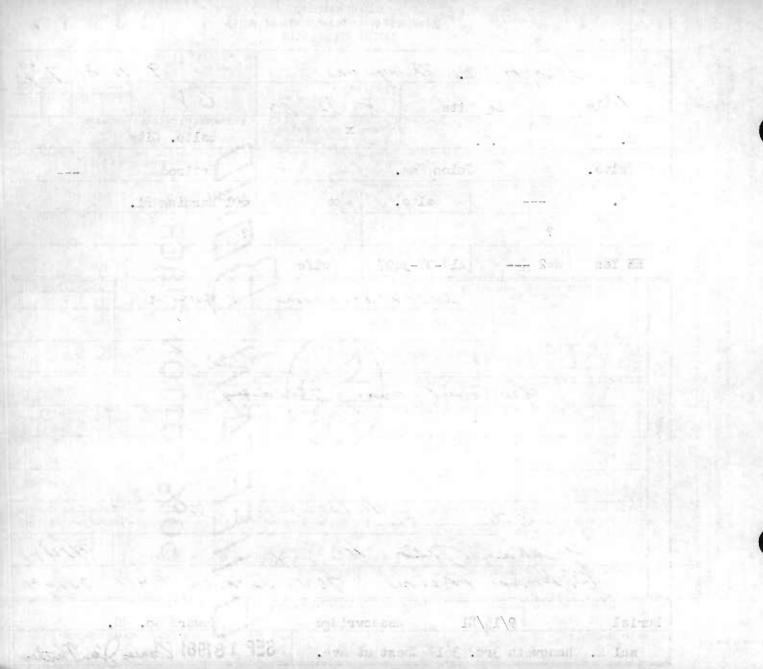
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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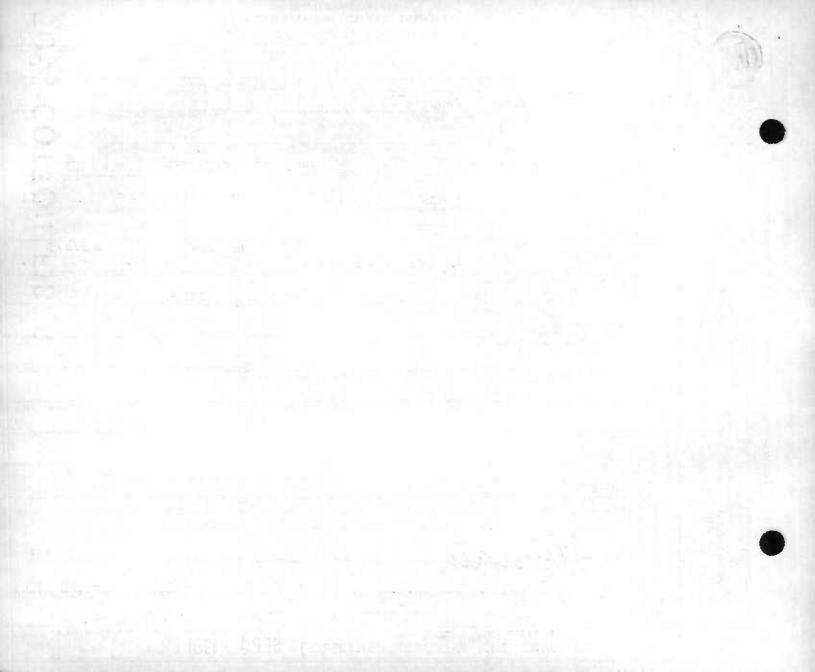
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10 C ) JSU J30 114. F. 114. F. 116a. V	IRTHPLACE MEASE TORSES OF	FINOT IN SUCH FACULTY, GIVE SOMERIUS ITUTION, GIVE RESIDENCE UTY 13c ATY CA	TRY? 8 MARRIED M NEVER MARRIED DIVORGE INSING HOME OR OTHER INSTITUTE INTERPRETADORESSION IN THE PROPERTY IN T	PRIED 9. BALTIMORE CITY OR CO CED 120 USUAL OCCUPATION 1500E OF WORK FOR MOST OF WORK  LIMITS? 130 STREET ADDRESS 86	PUNTY OF DEATH  175. KIND OF BUSINESS INDUSTRY  176. KIND OF BUSINESS INDUSTRY  177. KIND OF BUSINESS  178. KIND OF BUSINESS  178. KIND OF BUSINESS
10. C	IRTHPLACE MEASE TORSES OF	76 CITIZEN OF WHAT COUN  11. NAME OF HOSPITAL, NU  (IF NOT IN SUCH FACILITY, GIVE  STHER INSTITUTION, GIVE RESIDENCE  STY  MODIE  MED FORCES?	IRSING HOME OR OTHER INSTITUT	PEAR  P. BALTIMORE CITY OR CO  P. BALTIMORE CITY OR CO  PRICE OF SUAL OCCUPATION  PRICE OF WORK FOR MOST OF WORK  PRICE OF WORK FOR WORK  PRICE OF	VRS. NONTHS DAYS HOURS IN VRS. NONTHS DAYS HOURS IN VRS. NONTHS DAYS HOURS IN VRS. NONTHS NONTHS INDUSTRY MER HOUSTRY HOURS INDUSTRY MER HOURS RIGHT ROLL INDUSTRY MER HOURS RIGHT ROLL INDUSTRY MER HOURS IN VRS. NONTHS N
10 C USU 14. F	AL RESIDENCE (IF MURSING HOME OR STATE 136 COMMANDE AL RESIDENCE (IF MURSING HOME OR STATE 136 COMMAND AND ADDRESS NAME FIRST 1 LIS. AR. YES NOOR UNKNOWN) (IF YES, GIVING NOOR UNKNOWN)	11. NAME OF HOSPITAL, NU  (IF NOT IN SUCH FACULTY, GIVE RESIDENCE INTY  (IF ACTIVATION ON ERESIDENCE INTY  (IF ACTIVATION ON THE RESIDENCE INTY  (	MARRIED WINEVER MARR WIDOWED DIVOR  IRSING HOME OR OTHER INSTITUT  FREET ADDRESS  IS INSIDE CITY L  YES NO  15. MOTHER'S MA  FIRST	CED   BHOMBE TION   120 USUAL OCCUPATION   HOPE OF WORK FOR MOST OF WORK   WINDER   130 STREET ADDRESS 86   CONTROL   130 STREET ADDRESS 86   CONTROL   130 STREET ADDRESS 86	12b. KIND OF BUSINESS INDUSTRY  MER HABITER  12b. KIND OF BUSINESS  1NEWSTRY  12b. KIND OF BUSINESS  1NEWSTRY  12b. KIND OF BUSINESS  12c. KIND OF BUSINESS  12c
USU 130 14. Fa	AL RESIDENCE (IF NURSING HOME OR STATE 138 COUNTY) ATHER'S NAME FIRST  WAS DECEASED EVER IN U.S. AR/ YES NOOR UNKNOWN)  (IF YES, GIVI	MDDIE  (IF NOT IN SUCH FACULTY, GIVE S  OTHER INSTITUTION, GIVE RESIDENCE I  13c, CYTY CT	IFFOR ADMISSION  13d INSIDE CITY L  YES NO  15. MOTHER'S MA  FIRST	IMITS? 130 STREET ADDRESS 86	MRR HABNER  40 Ridge Rd  140 Ridge Rd  140 Last
14. F.	ATHER'S NAME FIRST FROT DIA M  WAS DECEASED EVER IN U.S. ARI YES NOOR UNKNOWN)  (IF YES, GIVI	MODIE  MED FORCES?     SOCIAL	13d INSIDE CITY L YES NO 15. MOTHER'S MA FIRST	AIDEN NAME	Md. 2(04
16a. V	TEROLUKU U.S. AR/ WAS DECEASED EVER IN U.S. AR/ VES NOORUNKNOWN) (IF YES, GIVI	MED FORCES? TIM SOCIAL	ampoul Unit		LAST
	YES NOORUNKNOWN) (IF YES, GIVI		ECHION NO 17 INISODALANIT		MCKWOGN
25	La course of Province	1/-15-7	4-1147 26611	Thomas 1 21040	Ridge Bd.
- 1	PART I. DEATH WAS CAUSE	nly one couse per line for (o) (b D BY: TE CAUSE (o)	cord Lailun	e	APPROXIMATE INTERVA BETWEEN ONST AND DE
	Conditions, if ony, which	DUE TO, OR AS A CONS	COURT CONTRACT VB		Years
	gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR'AS A CONS	EQUENCE OF		
NO	PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO	A - 11	N GIVEN IN PART 1101
2 PICA	190 DATE OF OPERATION	196 CONDITION FOR	ICH OPERATION WAS PERFORME	200 AUTOPSY? 20b.	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH YES \( \) NO \( \)
-9		on .	DAY YEAR		
MEDIC	21d. INJURY OCCURRED	21e PLACE OF INJURY	21f. LOCATION	CITY OR TOWN	COUNTY STAT
	220.1 certify that Withis hospit	9/6	(2/		
	22b. SIGNATURE	et view the body after death.	DEGREE ATTER	NDING , MEDICAL STAFF	224. DATE SIGNIFO
1	1 77		22e ADDRESS		- 1 (6.01)
	BURIAL, CREMATION, REMOVAL	23b. DATE	23c NAME OF CEMETERY OR CREA	MATORY 23d LOCATION CITY OR TOWN	HOWARD MIL
	24 F	Underlying couse lost.  PART 2 OTHER SIGNIFICANT OF THE SIGNIFICANT OF	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  190 DATE OF OPERATION  190 CONTRIBUTING CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)  210. INJURY OCCURRED  210. Injury (AT HOME STREET, FACTORY, OF OCCURRED OF OCCURRED OF OCCURRED OF OCCURRED OCCURRE	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO  190 DATE OF OPERATION  190 CONDITION FOR HICH OPERATION WAS PERFORME  190 DATE OF OPERATION  190 CONDITION FOR HICH OPERATION WAS PERFORME  190 CONTRIBUTING CAUSE OF DEATH  HOUR A.M. MONTH DAY YEAR  (IF ETHER NOTIFY MEDICAL EXAMINER)  210. INJURY OCCURRED  211. LOCATION  STREET  212. INJURY  213. INJURY  214. HOW INJURY  AND OCCURRED  215. TIME OF INJURY  (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)  216. PLACE OF INJURY  (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)  217. LOCATION  STREET  218. DEGREE  ATTE  PHY  219. PLACE OF INJURY  (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)  219. ON THE INJURY  210. SIGNATURE  210. LOCATION  STREET  211. LOCATION  STREET  212. LOCATION  STREET  213. DATE  214. PUNSIALI, CREMATION, REMOVAL  215. DATE  216. HOW INJURY  216. HOW INJURY  217. LOCATION  STREET  218. PLACE OF INJURY  (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)  219. ON THE INJURY  210. LOCATION  STREET  210. LOCATION  STREET  211. LOCATION  STREET  212. LOCATION  STREET  213. LOCATION  STREET  214. HOW INJURY  215. HOW INJURY  AND INJURY  216. HOW INJURY  AND INJURY  216. HOW INJURY  AND INJURY  216. HOW INJURY  AND INJURY  217. HOW INJURY  218. DATE  218. TIME OF INJURY  219. LOCATION  STREET  210. LOCATION  STREET  210. LOCATION  STREET  216. HOW INJURY  AND INJURY  216. HOW INJURY  216. HOW INJURY  AND INJURY  216. HOW INJURY  AND INJURY  217. HOW INJURY  218. HOW INJURY  AND INJURY  218. HOW INJURY  AND INJURY  219. HOW INJURY  AND INJURY  210. HOW INJURY  AND INJURY  216. HOW INJURY  AND INJURY  216. HOW INJURY  216. HOW INJURY  AND INJURY  216. HOW INJURY  217. HOW INJURY  218. HOW INJURY  219. HOW INJURY  219. HOW INJURY  210. HOW INJURY  210.	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION    19a

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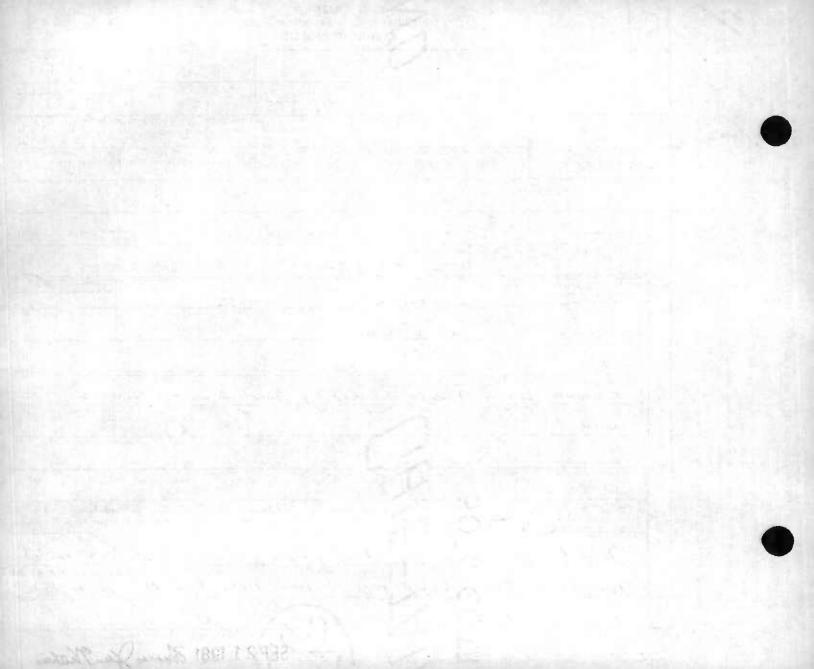
FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE DECEASED NAME FIRST KNOWN KX MONTH 2a. DATE 7h HOUR (TYPE OR PRINT) OF ESTI-Rose Tietzer 519 81 DEATH MATED 4 RACE SEX 5. DATE OF BIRTH & AGE (IN YEARS | IF UNDER 1 YR IF UNDER 24 HRS DATE 2d. HOUR YEAR LAST BIRTHDAY) PRONOUNCED v female white APRIL 75 YRS 10:47 DEAD 1906 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR MARRIED X NEVER MARRIED RUSSIA USA City Baltimore DIVORCED WIDOWED ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY HOME Avenue APT. 210 HOUSEWIFE Park Heights Baltimore (21215)3a STATE 136 COUNTY 13d. INSIDE CITY LIMITS? 5715 PARK HEIGHTS AVE. APT.210 BALTIMORE MARYLAND YES X 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME N MIDDLE EDITH MIDDLE GABRIEL YAFFE UNKNOWN 17 INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO UPT. 210 #21215 DIVISION (YES, NO, OR UNKNOWN) 213-05-6906D TIETZER 5715 PARK HEIGHTS AVE. WILLIAM NO APPROXIMATE INTERVA 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH MENTAL HYGIENE, N, OR REMOVAL. PART I DEATH WAS CAUSED BY Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF DIVISION OF VITAL RECORDS, 201 lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g. CERTIFICATION 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NO XX YES BE B 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY (AT HOME 211 LOCATION XECUIE III.
AGE 4 SHOUD BE FORWER.
O FUNERAL DIRECTOR: PAGE 3
AFTER DEATH, WITH THE STATE DF
AALTIMORE, MARYLAND, 212011 STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE AT WORK 220 I certify that I took charge of the remains described above, held on Autopsy and in my opinion Inspection Undetermined manner Accident Homicide L death resulted Iram: Natural couses TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER 9/6/81 SIGNED EXAMINER'S NAME AFTER I 111 Penn Street Baltimore MD 21201 Hormez R Guard M.D. TYPE OR PRINT ADDRESS 230. BURIAL, CREMATION, REMOVAL 236. DATE BURIAL 9-7 23d. LOCATION 9-7-81 BETH YEHUDA ANSHE KURLAND BALTIMORE, MD. 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE SOL LEVINSONESS BROS DHMH-17 6010 REISTERATOWN RD., BALTIMORE, MD. (21215) (VR A15 ME (5)) 15M 2/80



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The same of the sa Supplied to the management of the state of t 6-6 CALL CALL CALL CALL Show I have been determined being safely many Service and the service of the servi

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1 - STATE REGISTRAR  DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR  MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	125
1. DECEASED NAME FIRST MIDDLE LAST 20. DATE KNOWN MONTH	23 19 81 M
3. SEX  4. RACE  5. DATE OF BIRTH MONTH DAY YEAR LAST BIRTHDAY MONTHS DAYS HOURS MIN: PRONOUNCED DEAD  9	23 19 81 P M
** MARRIED   NEVER MARRIED   ** BALTIMORE CITY OR COUNTRY?   B. MARRIED   NEVER MARRIED   BALTIMORE CITY OR COUNTRY   B. MARRIED   DIVORCED ** BALTIMORE CITY OR COUNTRY   B. MARRIED ** BALTIMORE CITY OR COUNTRY   B. MARRIED ** BALTIMORE CITY OR COUNTRY   B. MARRIED ** BALTIMORE CITY OR COUNTRY	ty, MD
10. CITY OR TOWN OF DEATH  IT. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION  (IF NOT INSUCH FACILITY, GIVE STREET ADDRESS)  Baltimore  University Hospital - STU  120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)  Painter	126. KIND OF BUSINESS OR INDUSTRY Building
Baltimore University Hospital - STU Painter  USUAL RESIDENCE (IF IN NURSING JOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  136. STATE  137. COUNTY  136. STREET ADDRESS  Rt.4, Box 45  14. FATHER'S NAME  MODIF	
wi Kyaza Par	known
Toman    Comparison   Compariso	
PART I DEATH WAS CAUSED BY:  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gave rise to immediate (b)  (b)  (b)  (b)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10.  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10.  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10.  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10.  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10.  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10.	20 AUTOPSÝ?  YES ᢂ NO □
196 DATE OF OPERATION  197 DATE OF OPERATION  198 DOUBLE LINE OF INJURY  HOUR A.M. MONTH DAY YEAR  198 DOUBLE LINE OF INJURY  HOUR A.M. MONTH DAY YEAR  198 DATE OF OPERATION  199 DATE OF OPERATION  190 DATE	
WHILE NOT WHILE AT WORK AT WORK Home Rt. 4, Box 45, Mt. Airy, Carrol Rt. 4, Box 45, Mt. Airy, Carrol 276 I Certify that I took charge of the remains described above, held on Autapsy X, Inspection , Inquiry and in my or	
Second   S	9-24-81
EXAMINER'S NAME Virginia L. Dolan, M.D. ADDRESS III Penn Street  236 BURIAL CREMATION, REMOVAL   236. DATE   136. NAME OF CEMETERY OF CREMATORY   1236. LOCATION	
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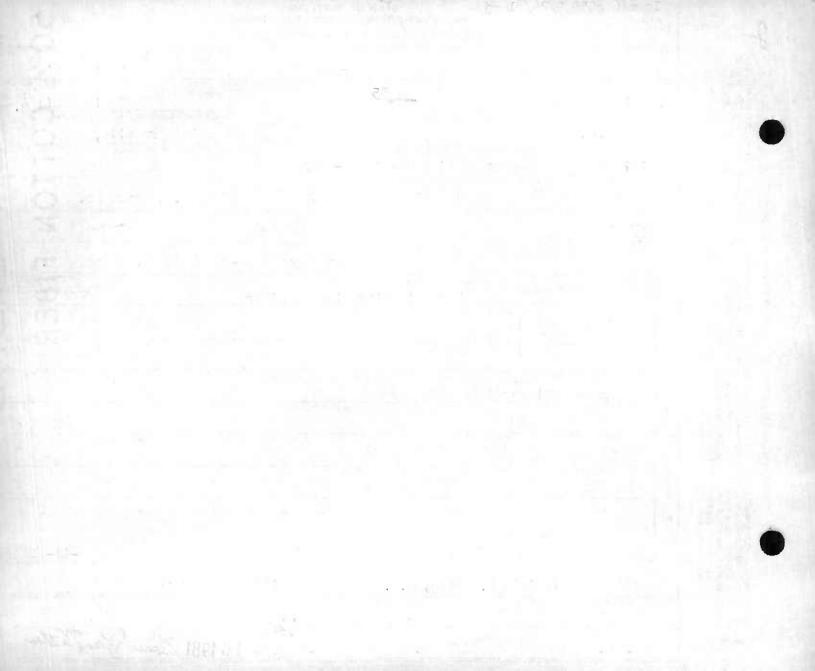
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0		FOR STATE	g559 9/21		DEPARTMENT		MARYLAND H AND MEN		NE   2	3	12	6
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	3. SE	emale	Black	7 27	YEAR 6. AGE	BIRTHON) MON		UNDER 24 HRS	PRONOUNCED DEAD	монтн	IO 19 81	9.15
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21201 F ANY B AND AND AND AND AND AND AND AND AND AND	USU/ 13a S	TATE MD	(IF IN NURSING HOME (	OR OTHER INSTITUTION, GI	Balti		13d. INSIDE CITY YES	LIMITS? 130. SI	refladdress Ea	ager	St.	
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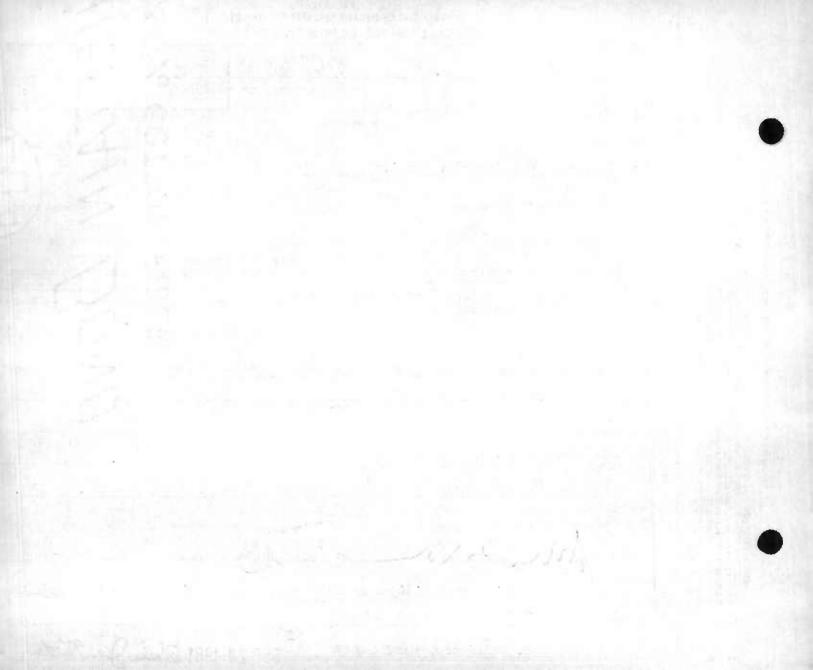


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V)	/10. C		NAME OF HOSPITAL, N	URSING HOME, OR OTH	HER INSTITUTION	120. USUAL OCCUPATION	TYPE OF WORK 126. K	CIND OF BUSINESS
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DE NO SEE	USU	L RESIDENCE (IF IN NURSING HOME OR OT				MILCHEN ME	LPER	HOTEL
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W. PRESTON ST., B. WITHIN 24 HOURS ENCIL IN ITEM 18. GMINER ALONG WITHANSIT FERMIT PRINTAL HYGIENE, DIN OR REMOVAL.		18 CAUSE OF DEATH (Enter only or PART I DEATH WAS CAUSED BY	ne cause per line far (a),	(b), and (c).)	annd! auga	oulem dissess	R.F.	TWEEN ONSET AND DEATH
ON THE HA	30.	IMMEDIATE C	AUSE (a)		Caruiovas	cular disease		
NOV AND		4272	DUE TO, OR AS A CO	ONSEQUENCE OF				
RANGE E		Conditions, if any, which gave rise to immediate	(b)					
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N N N N N N N N N N N N N N N N N N N		lying cause last.	(3)					
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ZHY ZHY		SIGNATURE	10 2	,	N.D	MEDICAL EXAMINER	SIGNED	27,127
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TO MEDICAL EXAMINER: THIS CERTIFICATE SHOUL EXECUTE THE CERTIFICATE SHOUL PAGE A SHOULD BE FORWARDED TO THE CHIEF TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BURAL,	60 -	(TIPE OR PRIINT)			ADDRESS		,	
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PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE BATTIMORE, MARKINADO.	EXAMINER'S N		nn M. Dix	on. M.D.		ADDRESS	111	Penn St.			
PAG -	23a. BURIAL, CREMATI	1		123c. NAME OF CE		ADDRESS R CREMATOR		3d LOCATION			
	Burial		9/22/81	Greek C				Baltimo	re, Mai	ryland	STATE
NH - 17	24 FUNERAL DIRECT	OR	ADDRESS			25	O. DATE REC	D. BY REGISTRAR 25			
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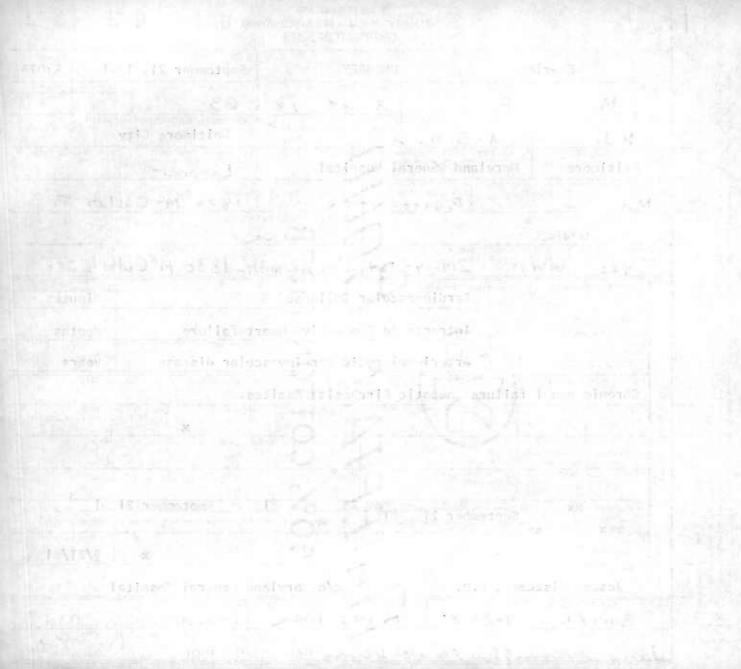


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35	13a. S		13b. COUI	OR OTHER INSTITUTION, C NTY	13t. CITY	or town  Baltimo		13d. INSIDE CITY	NO 🗆	13e STREE 441	7 Mo	s ravia	Rd.		
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3	MEDICAL CER	21d. INJURY OC WHILE	OR G CAUSE OF	DEATH ?? PLACE STREET, FAC	A. MONTH	(AT HOME,	four	REET			CITY OR TOWN		co	ART 2)	MD
		220 I certify death resulted		ge of the remains de Stal causes ,	Accident		Autaps e ,		Inspection de XX	Undeter	Inquiry [	ner .	nd in my a	pinian	5/81
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3	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL I CERTIFICATE OF DEATH	HYGIENE 8   2 3 / 3
(2)	1 DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE LAST	20. DATE OF DEATH MONTH DAY YEAR 26. HOUR
( PXIsi		racy Lynn TYREE	9 27 81 150 AM
4.7	3. SEX	4 RACE S DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
age and	Male	White May 28 1962	19 YRS
4 50 FO	To BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	9. BALTIMORE CITY OR COUNTY OF DEATH
1 1 10	North Carolina	USA   WIDOWED   DIVORCED	BALTIMORE CITY MD.
201 by the fi	BALTIMORE	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) UNION MEMORIAL HOSPITAL	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)  126 KIND OF BUSINESS OR INDUSTRY  N/A
AND 21:	Maryland Bald	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) UNITY   13c. CITY OR TOWN   13d. INSIDE CITY LIMITS  TEMORECITY Baltimore   YES X NO	7 130. STREET ADDRESS 3306 Hudson Street
withii withii onine	14 FATHER'S NAME	MIDDLE LAST 15 MOTHER'S MAIDEN	NAME MIDDLE LAST
A B G S S D C	John Wade	Tyree, Jr. Janie	Mae Tyree (Kelley)
ORE, and congress of the oregin of the oregi	160 WAS DECEASED EVER IN U.S. A (YES NO OR UNKNOWN) (IF YES, C)	SIVE WAR OR DATES)	ADDRESS
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that the death certified by the ottending please remove carbon iol, cremation, or remore or other traumatic even	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF	ic, Sp Localtrana smolden
ECORDS, 21 ow requires been signe mit. Then p prior to bur ony injury, c	PART 2 OTHER SIGNIFICANT	Sp hoat trang	
TAL REC	NO DATE OF OPERATION  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH OPERATION WAS PERFORMED	206. HEYES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO NO
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NG PH offer th os the shond orked o	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	210 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN COUNTY STATE
ATTENDI Spirol or CTOR: A for use of Head	sow the deceased alive a	pital) attended the deceased from 19, and that in (my) (our) opinion view the body after death.	ion deoth occurred on the date and hour and from the causes stated
by the hosping the hosping the hosping the hosping the hosping the property of the hosping	22b. SIGNATURE	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF  DIRECTOR PHYSICIAN 7
O HOS stoined TO FUN	22d PHYSICIAN SNUME INTO	Carpenter minion	mal gospal
	230. BURIAL, CREMATION, REMOVA		CITY OR TOWN COUNTY STATE
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	1.	FOR STATE			DEPART	STA MENT OF		ARYLAN		IYGIEŅ	F	9	3	. 7	3	3
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RE, MD. 21201  EATH. IF ANY DELAY IS NECESSAR ES 1, 2, AND 3 TO THE FUNERAL DAM 2 SHOULD BE FILED, WITHIN		L RESIDENCE	IF IN NURSING HOME	OR OTHER INSTITUTION.	13c. CITY			13d. INSIDE CI	TY LIMITS?		EET ADDRES	s ANVAL	E T	OWE	R AF	424 T
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TON ST., BALT 24 HOURS AFI ITEM 18. GIVE ILLONG WITH F FFERMIT. PAGI 'CIENE, DIVISION		18 CAUSE OF	DEATH (Enter on	ly ane cause per lin	e far (a), (b	), and (c).)								AP	PROXIMATE	INTERVAL AND DEATH
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TO MEDICAL EXAMINER: TEXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW AFTER DEATH, WITH THE STEAM PATIMORE, MARYLAND, 2		EXAMINER'S N	TAME T	homas D.	Smith	, M.D.		ADDRESS	111	Penn	St.	Bait	0.,	MD.		
PAGE EXE	23 a. B	URIAL, CREMAT	ION, REMOVAL	73b. DATE	23c. 1	NAME OF CE			ORY	23d. LO	CATION		COUR	NIY	STA	ATE
BP		BU	RIAL	9/18/8:		EDAR	HILL	CEM	1924	B	OTITA	~ ~	CC	0.	M	Ď.
0909 DHMH-17	24. F	NAME		F/H 1101	is To	MODES	7 7 7 7		OF DATE	P 1 A	REGISTRAR	25 REGIS	STRAR'S	GNA)	Bill	
VR A 15 ME (5) ) 15M 2/80		W.C.	MARCH	\U 1101	. C.	MOKTH	AVE	•	JL	1 7 7						

ADDRESS

HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE

- STATE

DHMH-16 30M 2/80

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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medical

injury, or other traumotic event, the

should be detached for use os the buriol-tronsit permit. Then pleose remaye carbanpopers-with the State Dept. of Heolth and Mental Hygiene prior to burial, cremotion, or removal.

MPORTANT: If Item 21 is morked or Item 18 shows ony

TO FUNERAL DIRECTOR. After this certificate has been

FOR STATE

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1 DE	CEASED NAME FIRST	MIDDLE		LASI	20 DATE OF DEATH MON!	H DAY YEAR 26 HOUR
	(14bf	CONSTANTIP	205	VEI	LGAKIS.	9	30 81. 7:00 MM
	3. SE		4 RACE		OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
		M	/ W	MONT	H DAY 446	35	MONTHS DAYS HOURS MIN.
	7a BI	IRTHPLACE (ISTATE OR FOREIGN /	76 CITIZEN OF WHAT CO	NINTENS 8	11 94	9 BALTIMORE CITY OR CO	YRS PEATH
7		Crete		MARRIE	DE NEVER MARRIED	O L	ON I .
1		V	Greece	WIDOW		Salti	O CITY MD.
10	The C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL		OR OTHER INSTITUTION	120 USUAL OCCUPATION	17b. KIND OF BUSINESS OR
0		50/to.	The G	oud SAh	y Aritan Hos	Owner - Nut	and Candy Co.
-	13a S	AL RESIDENCE (IF NURSING HOME OF COUNTY	TY 13CCITY	ORJOWN	1136 INSIDE CITY LIMITS?	13e STREET ADDRESS	- 1
7	11/1	MA Balt	imore Par	kville	YES NO XX	6602-1	ENalish OAKS Rd
	14. FA	THER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIDEN NA	WE	
SC	3	Emmanuel	Velga	kis	Maria	WIDDLE	Tsikouta
	16a V	VAS DECEASED EVER IN U.S. ARA		IAL SECURITY NO.	17 INFORMANT	ADDRESS	
1	()	YES NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES) 21	5-80-7225	Mrs. Judith	A. Velgakis 66	602 English Oak Rd.
		18 CAUSE OF DEATH (Enter only	y one cause per line for to	th) and ice	. /	-	APPROXMATE INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSED	BY	eaothe	licomo (1	Lane 1	BETWEEN ONSET AND DEATH
		IMMEDIATE	: CAUSE (a)	250111	11	3)	
		1641	DUE TO, OR AS A CO	DNSEQUENCE OF			
		Conditions, if any, which gave rise to immediate	(b)				
		couse (0), stating the underlying cause last	DUE TO, OR AS A CO	ONSEQUENCE OF			
			((c)				
	NO	PART 2 OTHER SIGNIFICANT CO	onditions <u>Contribut</u>	ING TO DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR CONDITIO	N GIVEN IN PART 11a
	은	A DATE OF ORENATION	The complete				
2	PICATI	198 DATE OF OPERATION	196 CONDITION FOI	R WHICH OPERATIO	N WAS PERFORMED		IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?
1	CERTIF					YES NO NO	YES NO
2		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	HOUR A.M. MOI	TH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN IT	EM 18 PART 1 OR PART 2)
/	CAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19			
	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJUR		21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
	>	AT WORK NOT WHILE	(AT HOME STREET, PACTOR	OFFICE, FARM ETC.)			1 - :
		22a.1 certify that (I) (this hospital	al) ottended the decease	defrom	27 8 19	, to 30	that (I) (we) last
	- 1	saw the deceased alive an_	7/50	819	nd that in (my) (our) opinion	death accurred an the dote ar	nd hour and fram the causes stated
	p-<	abave, (1) (we) (did) (did nat 22b. SIGNATURE	view the body after dear		DEGREE		22c DATE SIGNED
		-		W	ATTENDING	MEDICAL STAFF	9/30/8/
		22d PHYSICIAN'S NAME (TYPE OR	PRINT		PHYSICIAN [	DIRECTOR PHYSICIAN	o Hoen.
		FOWARD MA	11-2001		5601. Loch	River Blue	Ritings
	22 -			120 1100	I md.	2127	4011
	23a B	SURIAL CREMATION REMOVAL BURIAL	10-3-1981		Orthodox	23d LOCATION CITY OF TOWN Baltimore	COUNTY STATE
		Burial		Greek			Maryland
		INERAL DIRECTOR		ADDRESS 1050 Y	ork Road 250. DAT	E REC'D. BY REGISTRAR 251	
	Kuc	ck Towson Funera	1 Home, Inc	Towson	Maryland 1	CT 2 1981	come fanlastlen

Ruck Towson Funeral Home, Inc. Towson, Maryland

DHMH - 16 50M 1/B1 (VRA 15, 4)

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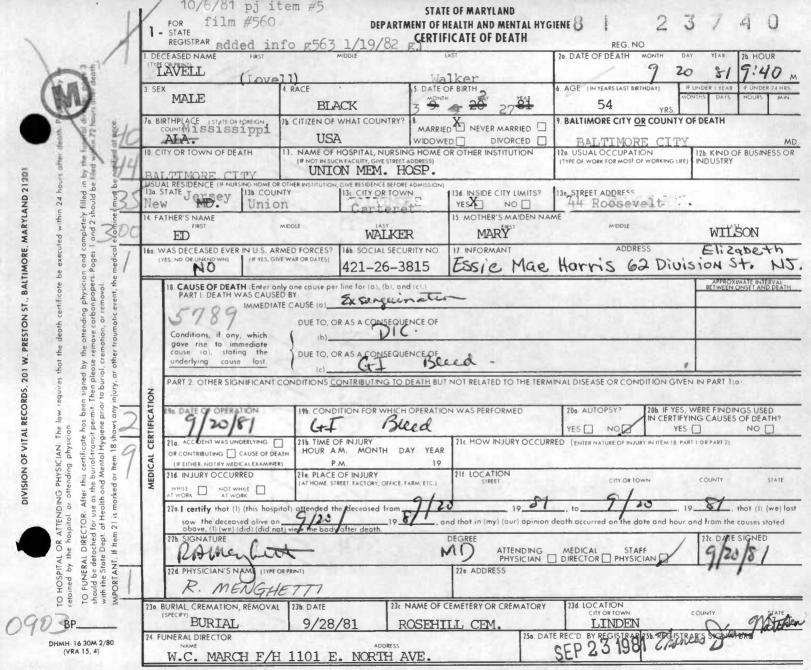
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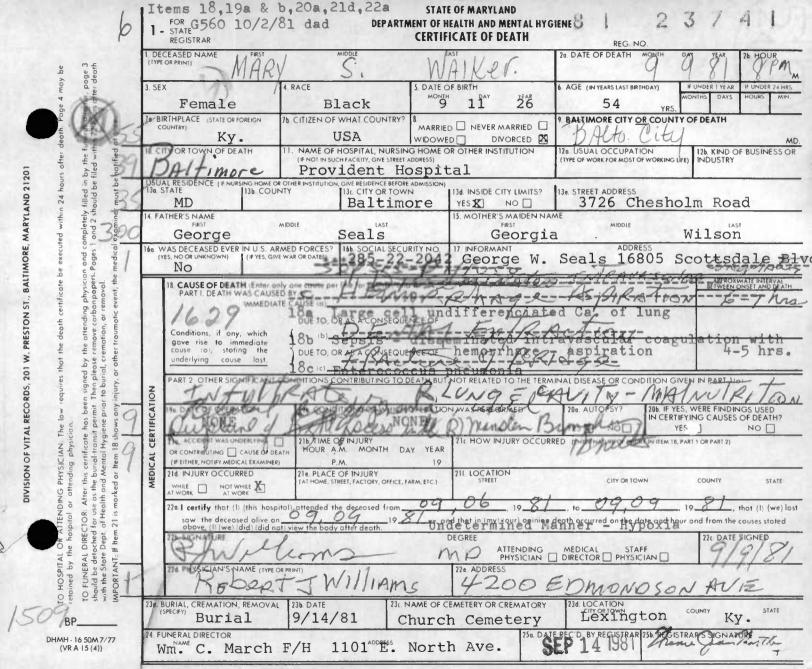
DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH 1. DECEASED NAME (TYPE OR PRINT) DCDL 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 3. SEX DAYS HOURS wieseo. BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY BALTIMORE CITY MARYLAND WIDOWED DIVORCED [ 18 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) FOOD PRODUCTS Salemon PRESTON ST., BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 113h COUNTY 13d INSIDE CITY LIMITS? 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE ÉSTHER MICHAELSON WAGENHEIM MRS. ROSE WAVESNHEIM 17. INFORMANT 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) #21215 3806 FORDS LA., APT. 101 APPROXIMATE INTERVAL BETWEEN OMSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line far (0), (b) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE Heart Ducesso Conditions, if ony, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF DIVISION OF VITAL RECORDS, 201 W. underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 20b. IF YES, WERE FINDINGS USED 90 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? p IN CERTIFYING CAUSES OF DEATH? ental Hygiene NON YES F NO [ 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDIC 211 LOCATION 2 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE AT WORK AT WORK 220.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on\_ ond that in (my) (corr opinion death accurred on the date and haur and fram the causes stated (did) (did not) view the body ofter death be detached e State Dept. 22b. SIGNAT 22c. DATE SIGNED ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN PHYSICIAN MPORTANT 22 ADDRESS ld b 23c. NAME OF CEMETERY OR CREMATORY 23a, BURIAL, CREMATION, REMOVAL LOCATION CITY OR TOWN COUNTY 9/10/81 CHIZUK AMUNO MARYLAND 250. DATE REC'D. BY REGISTRARIZA SOL LEVINSON & BROS.. 236 REGISTRAR'S SIGNATURE DHMH - 16 50M 7/77 6010 REISTERSTOWN RD. BALTO., MD (VRA 15(4)) 21215

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	PE ECT ENTER	3. SE	X 4	RACE	5. DATE OF BIRTH	6. AGE (IN	YEARS IF UN	IDER 1 YR. IF UNDE	R 24 HRS. 2c. DAT		NTH DAY YEA	
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	S NECESSARY, PLEASE FLURENAL DIRECTOR. E. G. FOR YOUR FILES. D. WITHIN 27 HOURS W. PRESTON STREET,	10.6	Oklaho		U.S.	Α.	WIDOW			altimore		MD.
	ELAY IS TO THE P PAGE BE FILED				(IF NOT IN SUCH FA	PITAL, NURSING HOA	5)		FOR MOST OF WO	RKING LIFE)	ORK 12b. KIND OF OR INDU	STRY
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8	H. IF 72.2.3.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	14. F	ATHER'S NAME		MIDDLE	LAST		15 MOTHER'S MAID	EN NAME	MIDDLE	LAST	ace_
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N C	FIER DE E PAGE FORM JON OF	16a. V	WAS DECEASED		MED FORCES?	166 SOCIAL SECUR	ITY NO.	17. INFORMANT		ADDRESS		
· ANTIANT	JRS AFTER DE B. GIVE PAGE WITH FORM T. PAGES 1 DIVISION OF		No			477-20-	5884	Dollie	Walker	Balto	Md.	
5	DURS 18. G WITT ANT. P.		18. CAUSE OF	DEATH (Enter or TH WAS CAUSE	nly ane cause per line						APPROXIM BETWEEN ON	ATE INTERVAL
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W 100	AAL- AAL		lying couse		DOE TO, OR	AS A CONSEQUENCE	: Or					
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DIVISION OF VITAL RECORDS	CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR TING THE WORD "PENDING" IN PENCIL IN ITEM 18. 18. DED TO THE CHIEF MEDICAL EXAMINER ALONG W. 3 SHOULD BE USED AS A BURIAL. TRANSIT PREMIT. DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIRIGHT, OR REMOVAL.	Z	Control of the last			ssemiated			AKT 1 (0			
00	E A E A A E	CERTIFICATION	19a. DATE OF C	PERATION	19b. CONDIT	ION FOR WHICH OPE	ERATION W	AS PERFORMED?			20 AUTOPS	Y?
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i d	O WEN B		210 EXTERNAL UNDERLYING		21b. TIME OF HOUR A.M	MONTH DAY YEA	21c. HC	OW INJURY OCCURR	ED (ENTER NATURE OF IN	JURY IN ITEM 18 PART 1	OR PART 2)	
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-	E ≥ ₹ ¥ ₹ E	-	WHILE AT WORK	AT WORK	x h	ome	23:	35 Montebe	llo Terra	ce,Balto(	City,	MD
	AE S. HE S. NO.		22a. I certify	that I took charg	ge of the remains desc	ribed abave, held on	Autops	y XX Inspection	on . Inquiry	, and in n	ny opinion	
4	MINITED BE I	1111	death resulted	from: Natu	May	Accident , s	Suicide X	Homicide .	Undetermined m	onner,		
	MAR WAR		ACTUAL	4	Kolna	and -		TITLE (SPECIFY)			ATE Q	10 103
	SE S	1	SIGNATURE	- /'	1200		M	Assistant	MEDICAL EXA	MINER SI	GNED 9	/6/81
	WED CUTE TONE TANE	1	EXAMINER'S N	AME Hor	mez R. Gu	ard M.D.		ADDRESS 111	Penn Str	eet Balto	.,MD 212	01
	EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: PAFER DEATH, WITH THE ST BATTIMORE, MARYLAND, 2	23a.B	URIAL, CREMATI			23c, NAME OF C		ADDRESSIII	23d. LOCATION CITY OR TOWN	20,00,00		
27%	32 <sub>BP</sub>	(5	Rei	noval	9/15/				CITY OR TOWN		COUNTY	STATE
114	DHMH-17	24. F	UNERAL DIRECT		ADDRESS			250. DAG	DEDOLY RECISIR	AR 256. PEGISTRA	RESIGNATURES?	Y.Y.
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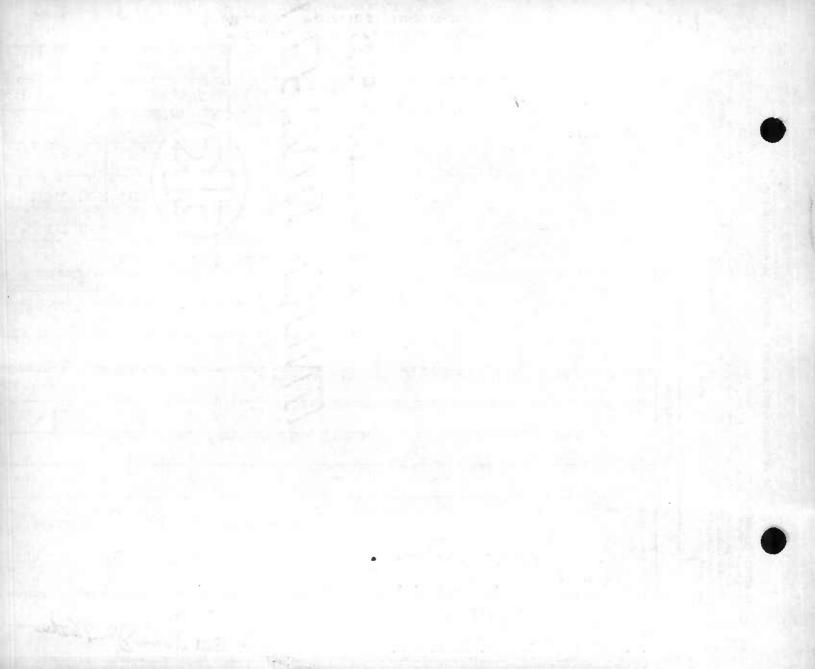


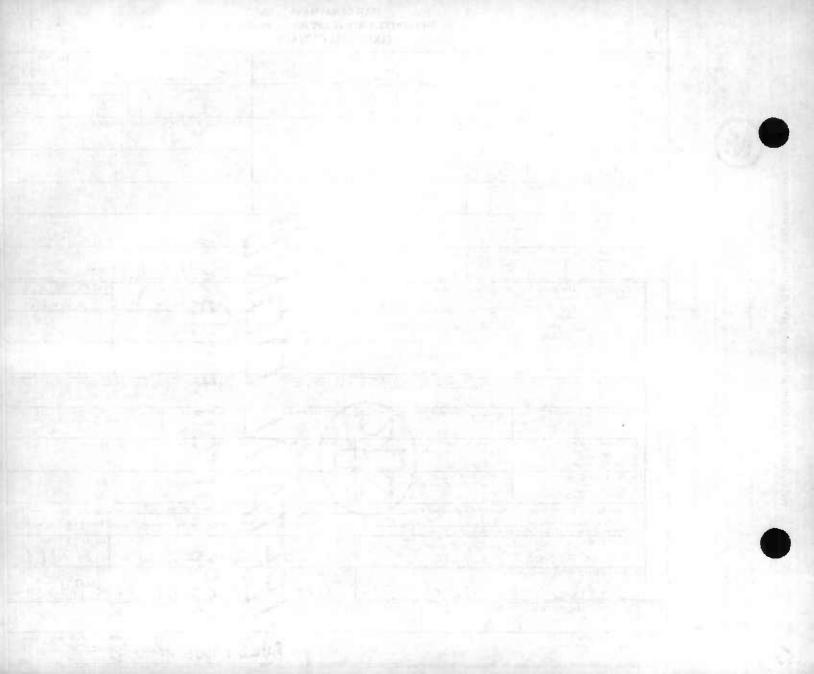
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L	1.	FOR STATE		EPARTMENT C	F HEALT	MARYLAND H AND MENTAL H		23	14	3
	L	REGISTRAR	MEI		INER'S	CERTIFICATE C	F DEATH REC	3. NO.		
		CEASED NAME FIRST PE OR PRINT)		MIDDLE	100	LAST	20. DATE KNOW OF ESTI-		DAY YEAR	26 HOUR
ELES AS	2.05			1, , 05	W	ALLACE	DEATH MATE	MONTH	7 19 81	M
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NHCESSA NHCESSA S 500 KN	C	HESTER, S.C.	USA			RIED NEVER MARR	IED X	ore City		MD.
がまる音響と	10 C	ITY OR TOWN OF DEATH				HER INSTITUTION	12a. USUAL OCCUPATION FOR MOST OF WORKING LIFE		OR INDUST	JSINESS RY
SA PATE	I ICIA	Baltimore	Maryland	General	Hospi	tal	1 1000			
B. 21201 F ANY DEA SHOULD BE IL PECORDS.				13c. CITY OR TOW	N	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 1800 DRUII	HILL	AVE. 212	217
2 4 05	14. F	ATHER'S NAME	MIDDIE	2241		15. MOTHER'S MAIDE	EN NAME MIDDLE		LAST	
DEATH PAND		UNK	NOWN	CASI		ROSIE	MIDDLE	I	HEMPĤILI	4
W PAGE	16a.			166. SOCIAL SECU	RITY NO.	17 INFORMANT	ADD	RESS		
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A HARA	-	SIGNATURE	MW	W.		M.D. Assistan	1+ MEDICAL EXAMINER	DATE	9-7-8	31
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es that the death certificate red by the attending physic please remove carbon pope arrial, cremotion, or removal, or other traumatic event, t			Conditions, if ony, whice gave rise to immediocause (a), stating the underlying cause lass	DUCH DUCH	(c)	SEQUENCE OF	Circhosis				74	ATE INTERVAL SET AND DEATH
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by the horest DIRE e detached State Dept			226 PHYSICIAN'S NAME	LYPE OR PRINT	Meyor		ATTENDIN PHYSICIAI 220 ADDRESS		L STAFF OR PHYSICIAN	22	9/	7/8/
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JEALTIMORE, MD. 21201  JRS AFTER DEATH. IF ANY DELAY IS NECESSARY. PLEASE  B. GIVE PAGES 1, 2, AND 3 TO THE FUNERAL DIRECTOR.  WITH FORM PM. 3. RETAIN PAGE 5 FOR YOUR FILES.  T. PAGES 1 AND 2 SHOULD BE FILED, WITHIN 72 HOURS  DIVISION OF VITAL RECORDS. 201 WE PRESTON STREET.	16a. V	VAS DECEASED EVER IN U.S. ARMI	ED FORCES?	166. SOCIAL SECU	RITY NO.	17 INFORMAL	NT		ADDRESS		·PI	DCI	
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TO MEDICAL EXAMINER: THIS CRTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WAS THER DEATH, WITH THE STAFF DEPARTMENT OF HEALTH AND MENTAL HYGENE, BALLIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.		(TYPE OR PRINT)	d5 D. Jili	1111, 14.0.		ADDRESS	rii ren	11 0	71 •	Dai	10.	, 110.	
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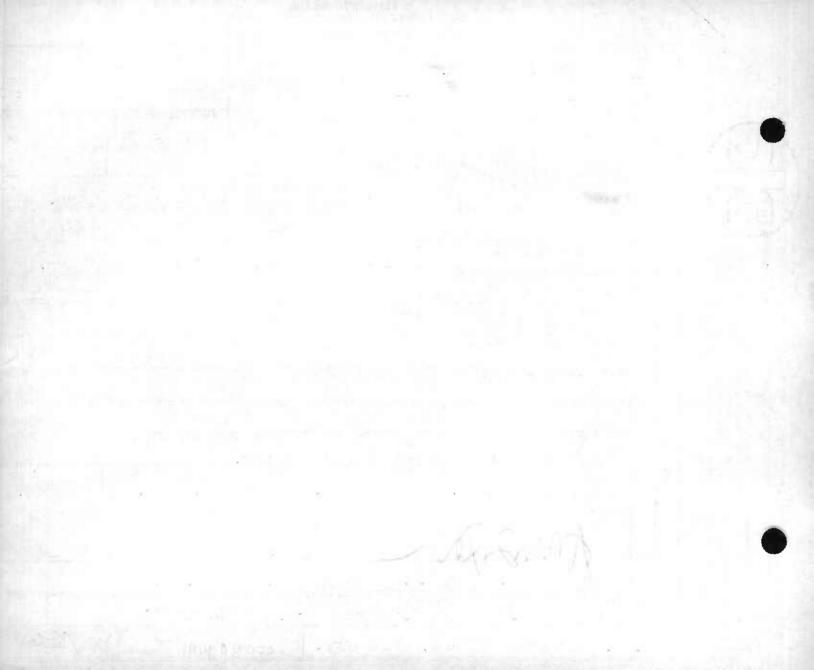
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(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	L	FOR - STATE REGISTRAR		DEPARTMENT OF	E OF MARYLAND HEALTH AND MENTAL HY FICATE OF DEATH	GIENE 8 REG. NO.	23749
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1 100 150	10.0	ITY OR TOWN OF DEATH	USH	WIDOWI	DIVORCED	1 Baltimor	MD.
ē 88		Baltimore	1. NAME OF HOSPITA	of Mary	and Hospital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK  he w b orn	126 KIND OF BUSINESS OR INDUSTRY
MARYLAND 2120 ed within 24 hours ond 2 should be excentive.	13a	STATE STATE	10	DENCE BEFORE ADMISSION) IY OR TOWN.	13d INSIDE CITY LIMITS? YES NO	130. STREET ADDRESS 5301 Mora	via Rd. Aut. G
withii withii	14 F	ATHER'S NAME FIRST M	IDDLE	LAST	15 MOTHER'S MAIDEN N.	AME	
	_	Eric		Vard	Antonia		Carter
BALTIMORE, cote be execut cote be execut cote be execut copers. Pages 1 val. val. val. v., the medical			WAR OR DATES)	CIAL SECURITY NO.	17 INFORMANT	ADDRESS	0 1
ALTIM ers. P. I. The m	-	no		Whorn	Eric Ward i	5301 Horana Rd	
physic pope novol		18 CAUSE OF DEATH (Enter ant) PART I. DEATH WAS CAUSED	BY	1	10 1	Caller Little	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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the o		gave rise to immediate cause (a), stating the		CONSEQUENCE OF			
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ORD requ	ē.	pu	monary	henor	hage		
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low requir ottending physician. Ifter this certificate has been sig as the buriol-transit permit. Then th and Mental Hygiene prior to b arked or them 18 shows any injury	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FO	OR WHICH OPERATIO	N WAN PERFORMED	20g AUTOPSY? 20b.	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \( \text{NO } \text{NO } \text{V}
JAN: T JA		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	21b. TIME OF INJUR HOUR A.M. MC	Y ONTH DAY YEAR	216 HOW INJURY OCCUP	RED (ENTER NATURE OF INJURY IN IT	EM 18 PART 1 OR PART 2)
ON OF ITEMS IN OFF	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19			
DIVISION ING PHY After this as the bis as the bis as the bis as the bis as the bis	MEC	WHILE NOT WHILE AT WORK	21e PLACE OF INJU	ORY OFFICE FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
00 ,00 5		220.1 certify that (1) (this hospital	ottended the deceo	sed from Sept			
R ATTEN hospital RECTOR red for used to use the pt. of He was a second to the second for used		sow the deceased alive an abave (1) (we) (did) (did nat)	view the bady after de	ath.		death accurred on the dote ar	d haur and from the couses stated
toche po Digitalia	-	Sol Lo	2	1	DEGREE ATTENDING	MEDICAL STAFF	224. DATE SIGNED
SPITA J by NERA NERA Stote e Stote	1	22d. PHYSICIAN'S NAME (TYPE OR	PRINT)	/-	22e ADDRESS	DIRECTOR PHYSICIAN	Jept. 10, 1981
TO HOSPI TO FUNE Should be with the S		Sondra W. Le	wish		11 of Marilan	1 Hacatel 45 S	Greene St. Butture Mp
She of sh		BURIAL, CREMATION, REMOVAL	236 DATE	231 NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	or cone of primary
BP		Removal	9/17/8		\	CITY OR TOWN	COUNTY
2698HMH-1650M 1/81	24 F	UNERAL DIRECTOR		ADDRESS	250. DA	TE REC'D. BY REGISTRAR 250 A	
(VRA 15, 4)	A	natomy Board	Bal	to., Md.	SE	P 2 5 1981	me g

506.53 1 1/4 - 1 1/4 pt ... Paragraph without and 1

Nicholas T. Matthews, 3021 Eastern Avenue, Balto 550

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE & - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 2b. HOUR

12:30P

IF UNDER 24 HRS

12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

32005.

NOF

STATE

Closure

Schultz

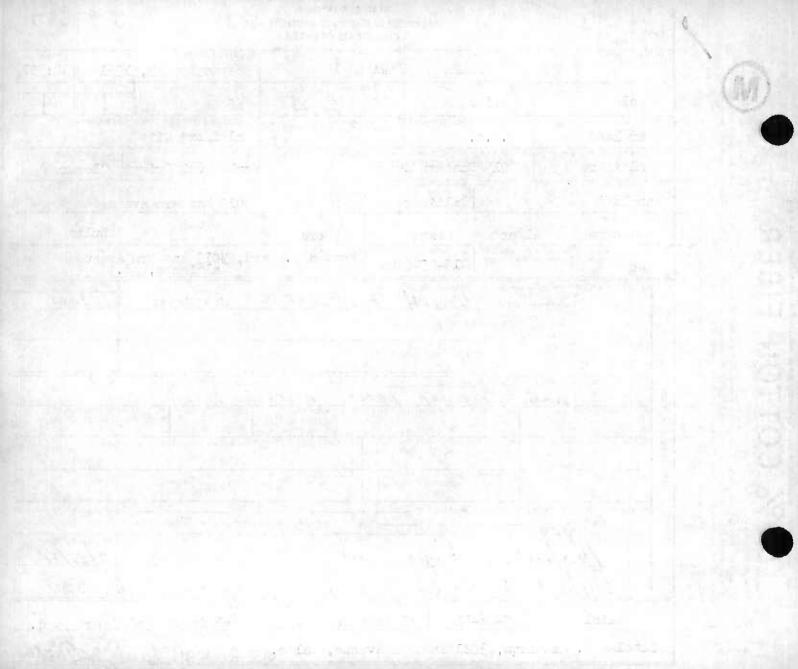
COUNTY

22c DATE SIGNED

IF UNDER I YEAR

DHMH-16 30M 2/80

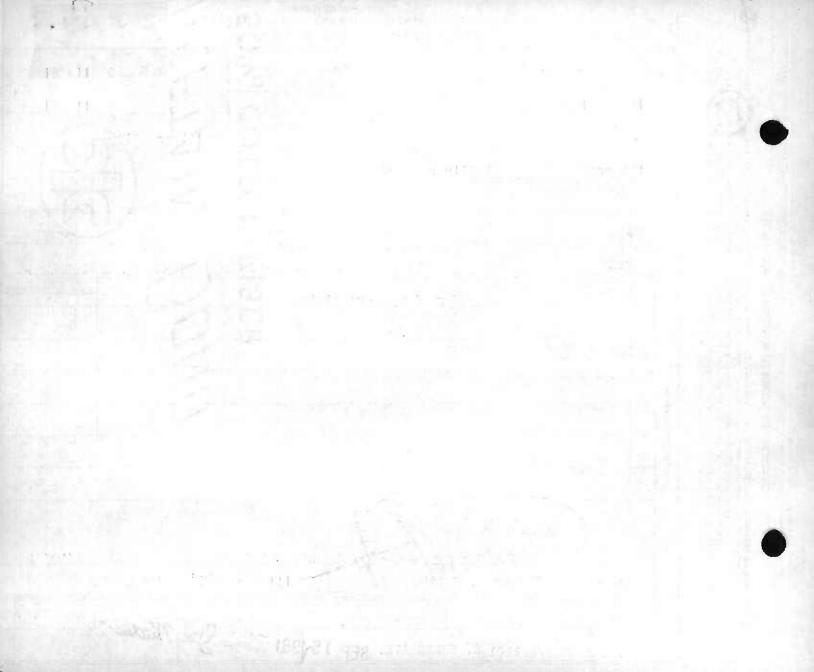
(VRA 15, 4)



	STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIGNE  OR DEPARTMENT OF HEALTH AND MENTAL HYGIGNE	7 5 1
100	1 - STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	, , ,
	1. DECEASED NAME FIRST MIDDLE LAST 20. DATE KNOWN X MONTH TYPE OR PRINT)  OF ESTI-	DAY YEAR 26 HOUR
2000年世	James J. Ward, Sr. DEATH MATED 9	1 19 81 M
VOUR FILES N772-HOURE	SEX 4. RACE 5. DATE OF BIRTH MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN' PRONOUNCED	DAY YEAR 24 HOUR 3: 15P
*M	Male   White   July 24,1891 90 YRS   DEAD 9	1 1881 M
	I BIRTHPLACE (STATE OR FOREIGN COUNTRY)  7b. CITIZEN OF WHAT COUNTRY?  8 MARRIED **NEVER MARRIED **  9. BALTIMORE CITY OR COUNTRY	TY OF DEATH
51	TIL. USA WIDOWED DIVORCED Baltimore Cou	
2mg	ID. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION  120. USUAL OCCUPATION   TYPE OF WORK  FOR MOST OF WORKING LIFE)	12b. KIND OF BUSINESS OR INDUSTRY
2 K	Towson Greater Baltimore Medical Center   President	Dairy
31	USUAL RESIDENCE (IF IN MURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136. STATE 136 COUNTY 136. CITY OR TOWN 136. INSIDE (174 LIMITS? 138. STREET ADDRESS	
0	Md. Baltimore Baltimore YESR NO 6 Gittings Ave.	
- "	14. FATHER'S NAME FIRST MIDDLE LAST FIRST MIDDLE  15. MOTHER'S MAIDEN NAME FIRST MIDDLE	LAST
ŽĿ,	John J. Ward Nona	Murphy
2	160. WAS DECEASED EVER IN U.S. ARMED FORCES?  [YES, NO, OR UNKNOWN)   [1F YES, GIVE WAR OR DATES]   166. SOCIAL SECURITY NO.   17. INFORMANT   ADDRESS	
	No 579-03-5842 Catherine A. Ward Same as it	em # 13
	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
AL.	IMMEDIATE CAUSE (a) SUDGULTAT HEMATOMA	
HE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, IND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	Conditions, if any, which	
R RE	gave rise to immediate / (b)	
;	couse (a) stating the <u>under-</u> <u>lying cause last.</u> DUE TO, OR AS A CONSEQUENCE OF	
	(c)	1
	PART 2 DTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT HOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to	
$\exists$	198. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED?	2 HEAD'S YONLY
Ш		YES X NO
5	196. DATE OF OPERATION  196. DATE OF OPERATION  196. CONDITION FOR WHICH OPERATION WAS PERFORMED?  216 EXTERNAL CAUSE WAS  216. TIME OF INJURY HOUR XXX MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH 5: 30 P.M. 8 31 19 81 Subject fell 216 INJURY OCCURRED 217 PLACE OF INJURY   12THOME. STREET, FACTORY, FARM. ETC.)  218. TIME OF OPERATION WAS PERFORMED?  219. DATE OF OPERATION  210. EXTERNAL CAUSE WAS  210. TIME OF INJURY   121. LOCATION STREET, FACTORY, FARM. ETC.)  211. LOCATION  212. LOCATION  213. LOCATION  214. LOCATION  215. TIME OF INJURY   12THOME.  216. TIME OF INJURY   12THOME.  217. LOCATION  218. STREET   CITY OR TOWN  COLUMN   C	RT 2)
5	UNDERLYING OR HOUR KAK MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH 5:30P.M. 8 31 19 81 Subject fell	
	216 INJURY OCCURRED  218 PLACE OF INJURY   ATHOME.  211. LOCATION  STREET, FACTORY, FARM, ETC.)  STREET CITY OR TOWN COL	UNTY STATE
	AT WORK AT WORK home 16 E. Gittings Ave. Balto.	MD.
X	The Learning and Land Charge of the life described above, held an Autopsy . Inspection . Inquiry . and in my op	
2	death resulted from Natural courses Acceptent Surger Homicide Undetermined monner .	
26	TITLE (SPECIFY)	
	ACTUAL SIGNATURE MDDeputy Chiefedical examiner Signature	9/2/81
30 3		
ol	EXAMINER'S NAME Thomas D. Smith, M.D. ADDRESS III Penn St. Balto., N	/D.
	230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION	NTY STATE
	Sept. 4,1981 Rock Creek Cemetery Washington, D.C.	and a
	24 FUNERAL DIRECTOR Joseph Gawler's Sons, Inc.  NAME 5130 Wisc. Ave. N. W. Wash., D. C.   250. DATE REC'D. BY REGISTRAR'S SONS, Inc.   250. DATE REC'D.   250. DATE REC'D.   250. DATE REC'D.   250. DATE	THE WAY
	5130 Wisc. Ave. N.W. Wash., D.C. SEP 8 1981 Warnes	

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			REGISTRAR		ME	DICAL	EXAMIN	ER'S	CERTIFIC	CATE OF	DEATH	REG, NO	),		
			CEASED NAME	FIRS1		WIDDLE			LAST			KNOWN -	MONTH	DAY YEAR	26 HOUR
	28282		JAMES	(Warr	en)			(	James)	WARRE	N DEATH	MATED 🛛	9	1119 81	M
	SELOR	3. SE	X	I. RACE	5. DATE OF BIRTH	YEAR	6. AGE (IN YE	ARS IF UN		IF UNDER 24		E	MONTH	DAY YEAR	2d HOUR 4:12
	ENSTA	1	Male	Black	2 26	22	59 YI	RS. MONT	HS DAYS	HOURS MI	PRONOU DEAL	D	9	1119 81	1 4:12 D M
	MARIE O-		IRTHPLACE (STA	TE OR	76. CITIZEN OF W	HAT COUN	TRY?	8. MARR	IED   NEV	ER MARRIED	Y 9. BALTIA	AORE CITY O	R COUNT		
	¥5 × ×		VA.		US			WIDOW	/ED 🗆	DIVORCED		imore	City.		MD.
	A AGE	10 C	ITY OR TOWN (	OF DEATH	11. NAME OF HOS	PITAL, NU	RSING HOME	, OR OTH	ER INSTITUT	TION 12	OUSUAL OCCU	JPATION (TYPE	OF WORK	OR INDUST	JSINESS
	OS BE POLE		Baltimor		251 S	Iver	Court					ARTO CITE			
21201	IF ANY DELA 2, AND 3 TO 1 3. RETAIN PA SHOULD BE PALL RECORDS.	13a. S	AL RESIDENCE (	F IN NURSING HOME	OR OTHER INSTITUTION, GI		SEFORE ADMISSING		13d. INSIDE CIT		STREET ADDR	ESS VER COU	JRT		
WD.	- 03	14. F/	ATHER'S NAME		WIDDIE		LAST		IS MOTHE	R'S MAIDEN N	IAME	MIDDLE		LAST	
	DEATH CGES 1, CAN PM CFVIT	P	ISAISH		Market 1		VARREN			CILLA		MIDDIC		PARK	ER
BALTIMORE	F PAGE FORM SES 1 A ION OF	16a. \	WAS DECEASED	EVER IN U.S. AL	RMED FORCES?	16b. SO	CIAL SECURIT	Y NO.	17. INFORM	TANT		ADDRESS			
ALT	AAT		YES	(** 163,51		227-	16-608	5	EARL	WARRE	N 601 C	HURCH S	ST. NO	ORFOLK.	VA.
	WII WIII		18 CAUSE OF	DEATH (Enter o	nly one couse per line	for (o), (b	), and (c).)							APPROXIMAT BETWEEN ONSE	E INTERVAL
PRESTON ST	ERW ERW ERW ERW AL.		PARTITUEA	TH WAS CAUSI	ED BY: ATE CAUSE (a)	Chro	nic pa	ncrea	titis						THE DEATH
STO	N ALC AND ALC AND AND AND AND AND AND AND AND AND AND		0/	//		AS A CON	NSEQUENCE (	OF						THE TOTAL	
	NER ALK	-		i, if any, which to immediat									LSIL		
201 W.	AAMII AAMII O		couse (a) : lying caus	toting the <u>under</u>	DUE TO, OR	AS A CON	SEQUENCE (	OF			In The		11	(B)/(B)	
	S A A A A A				(c)										1 440
DIVISION OF VITAL RECORDS,	JUD BE EXECUTED WITHIN 24 HOURS AFTER "PENDING" IN PENCIL IN ITEM 18. GIVE PA IF MEDICAL EXAMINER ALONG WITH FOR ED AS A BURAL. TRANSIT PERMIT. PAGES 1 HEALTH AND MENTAL HYGIENE, DIVISION, IL, CREMATION, OR REMOVAL.	Z	PART 2 OTHER SIG	NIFICANT CONDITION	S CONTRIBUTING TO DEATH	BUT NOT RELA	TEO TO THE TERM	INAL DISEASI	OR CONDITION	GIVEN IN PART 1	a		E LES		YE:
<u> </u>	LEA A PER L	CERTIFICATION	19a. DATE OF	PERATION	196 CONDI	TION FOR	WHICH OPER	ATION W	AS PERFORA	MED?	744			20 AUTOPSY	?
Y	QD#3.2.2	Ĕ												YES 🗆	NO 🔯
, m	ATE S	N N	210. EXTERNAL		21b. TIME OF HOUR A.M		DAY VEAS		OW INJURY	OCCURRED (	NTER NATURE OF IN	JURY IN ITEM 18 P.	ART I OR PART		- 70
20	CERTIFICATE SH RITING THE WOR DEED TO THE CF E 3 SHOULD BE U E DEPARTMENT CF OF PRIOR TO BUR	S	UNDERLYING CONTRIBUTIN	G CAUSE OF			DAY YEAR								
VISIO	SERTING TING 3 SH PRIG	MEDICAL	21d INJURY OF		21e PLACE	OF INJURY			CATION		CITY OR TO				
ō	SAROES	5	AT WORK	NOT WHILE AT WORK	STALL TYPE	ORT, FARM, E	10.3		TREE ?		CHTORIC	JW17	COU	NIY	STATE
	R: TH. TE, V NRW/ N: PA E STA D, 21			that Mank char	of the remains des	crited by	ve held on	Autop	N	Inspection	, Inquiry		in my api	nine	
1000	MINER: FICATE SE FOR: CTOR: HTHE S		death resulted	1 1	rml duses X,	Accident	7	icide	, Homici		Indetermined m		in my api	mon	
	CERTII CERTII ULD B DIREC		debiii resone	1	1		4	1	TITLE (SP		naeremmea m	onner,			
	A L DOUGH		ACTUAL SIGNATURE_	1	Nowe.	11/	1 lon	Xn.	Deput	- /	MEDICAL EXAM	AINIED	DATE	9/12/	/81
	SE S		A. S. C.	0	701	1		M							
	TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATION PAGE 4 SHOULD BE FOR TO FORE ALD INFECTOR: AFTER DECATH, WITH THE SHOULD BE ALTIMORE, MARYLAND		(TYPE OR PRIN	T)	Thomas D.	Smit	h, M.D	•	ADDRESS	III Pe	nn St.	Balto	., MD	).	
	522 5 F 8 _	23a. B	URIAL, CREMAT	ON, REMOVAL	23b. DATE	23c. 1	NAME OF CE			RY 2	3d. LOCATION		COUNT	rv .	
160	SBP	(		RIAL	9/15/81		CHURCH	CEM.	1			TAMPATON		VA	TAVA.
	DHMH - 17	24. F	UNERAL DIRECT	OR					12	So. DATE RE	D. BY REUL V	L. Mil		GNATURE	
	(VR A15 ME (5))		W.C.	MARCH F	/H 1101 E.	NORT	H AVE.	SEP	1519	981 CA	The same				
	15M 2/80							VL							



FOR

REGISTRAR

DECEASED NAME

- STATE

DHMH - 16 50M 7/77

(VR A 15 (4))

STATE OF MARYLAND

CERTIFICATE OF DEATH

LAST

DEPARTMENT OF HEALTH AND MENTAL HYGIENE O

REG NO

250. DATE REE'D. BY REGISTRAR 256 REGIST!

AVE

26 HOUR

21215

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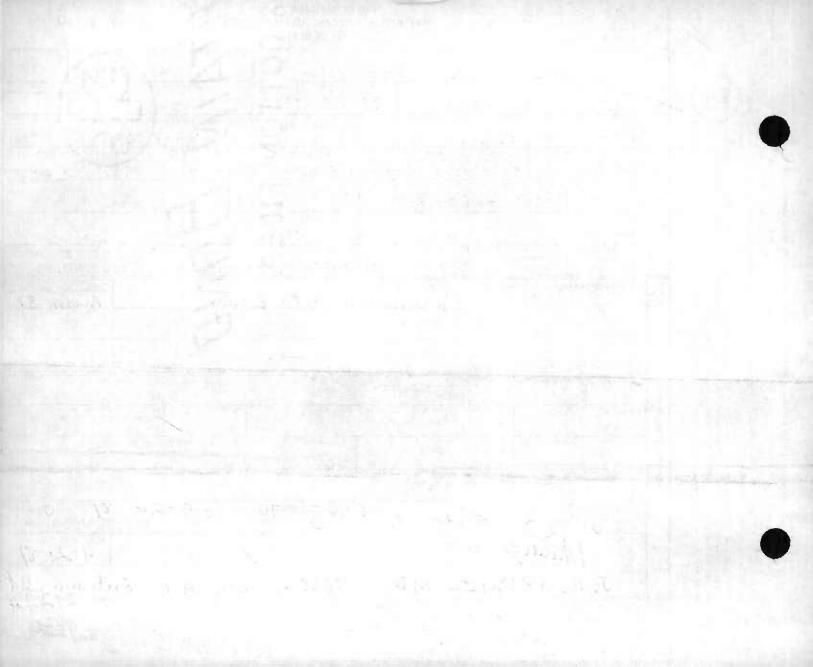
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141	FOR - STATE	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY	GIENE 8   2	3 / 5 4
18	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
1.0	ECEASED NAME FIRST	WIDOLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
(1)	Marku	ood G.	Warrenfeltz	9 2	0 1981
3.5		14. RACE	S DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHOAY)	IF UNDER 1 YEAR IF UNDER 24 H
)	Male	White	MONTH 18 1915	65 YRS	MONTHS DAYS HOURS MI
500	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED W NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH
	Maryland	U.S.A.	WIDOWED DIVORCED	Baltimore Ci	ty
10	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L	126. KIND OF BUSINESS
B.	altimore	Baltimore Ci		Pensylvania R	.R. Worker
	UAL RESIDENCE (IF NURSING HOME OF	OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR	E ADMISSION)	13e STREET ADDRESS	
		timore Dundal	YES NO DE CITY EIMITS!	107 Trappe R	oad
	FATHER'S NAME		15. MOTHER'S MAIDEN NA	ME	0 00 00
智力	Foster	Warrenfe	eltz Gail	MIDDLE	Ramsburg
0 160	WAS DECEASED EVER IN U.S. A			ADDRESS107	Trappe Roa
2	(YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)			trappe Roa
a e	No		1618 Julia G. Wa	irrenjeitz-bai	
ot, t	PART I. DEATH WAS CAUS	only one couse per line for (a), (b), on	DL 1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
eve		ATE CAUSE (0)	nama Rt. L	ung	March 8
otto	1627	DUE TO, OR AS A CONSEQUE	ENCE OF		
00	Conditions, if any, which gove rise to immediate	(b)			
er t	couse (a), stoting the	DUE TO, OR AS A CONSEQUI	ENCE OF		
to	underlying couse lost.	(c)			
4					
ry, or	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GI	VEN IN PART 1(0)
injury, ar		CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GI	VEN IN PART 1(0)
s ony injury, or	PART 2. OTHER SIGNIFICANT		DEATH BUT NOT RELATED TO THE TERM  OPERATION WAS PERFORMED	200 AUTOPSY? 206. IF YE	S, WERE FINDINGS USED
hows ony injury, or				206 AUTOPSY? 206. IF YE	
18 shows ony injury, or CERTIFICATION	19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING	19b CONDITION FOR WHICH	OPERATION WAS PERFORMED	206 AUTOPSY? 206. IF YE	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES NO
/ /	190 DATE OF OPERATION  210, ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DI	196 CONDITION FOR WHICH 216. TIME OF INJURY HOUR A.M. MONTH D.	OPERATION WAS PERFORMED	206 AUTOPSY? 20b. IF YE YES NO YES	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES NO
~ / /	190 DATE OF OPERATION  210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINES 21d. IN JURY OCCURRED	21b. TIME OF INJURY HOUR A.M. MONTH D. P.M. 21e PLACE OF INJURY	OPERATION WAS PERFORMED  21c. HOW INJURY OCCUR 19 21L LOCATION	206 AUTOPSY? 20b. IF YE YES NO PRED (ENTER NATURE OF INJURY IN ITEM 18,	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES NO PART 1 OR PART 2)
CAL CAL	190 DATE OF OPERATION  210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTHEY MEDICAL EXAMINE) 21d. IN JURY OCCURRED	21b. TIME OF INJURY HOUR A.M. MONTH D. P.M.	OPERATION WAS PERFORMED  21c. HOW INJURY OCCUR 19 21L LOCATION	206 AUTOPSY? 20b. IF YE YES NO YES	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES NO PART 1 OR PART 2)
~ / /	19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21b. TIME OF INJURY HOUR A.M. MONTH D. P.M. 21b. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	OPERATION WAS PERFORMED  216. HOW INJURY OCCUR 19 211. LOCATION STREET	206 AUTOPSY? 20b. IF YE YES NO PRED (ENTER NATURE OF INJURY IN ITEM 18,	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES NO PART 1 OR PART 2)  COUNTY STATE
/ /	190 DATE OF OPERATION  210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF ETHER, NOTIFY MEDICAL EXAMINE) 21d. IN JURY OCCURRED  WHILE AT WORK AT WORK  220.1 certify that (this hasp	21b. TIME OF INJURY HOUR A.M. MONTH D. P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	OPERATION WAS PERFORMED  21c. HOW INJURY OCCUR 19 21l. LOCATION STREET  2 19 19 10 10 10 10 10 10 10 10 10 10 10 10 10	206 AUTOPSY? 20b. IF YE YES NO YES YES NO TOWN  CITY OR TOWN	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES NO PART 1 OR PART 2)  COUNTY STATE
/ /	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINES 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that () (this hosp sow the deceased alive on	21b. TIME OF INJURY HOUR A.M. MONTH D. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, 1)	OPERATION WAS PERFORMED  AY YEAR 19 211 LOCATION STREET  SAM, ETC.) 211 LOCATION (Our) opinion	206 AUTOPSY? 20b. IF YE YES NO PRED (ENTER NATURE OF INJURY IN ITEM 18,	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES NO PART 1 OR PART 2)  COUNTY STATE  19 7, that (1) (we) or and from the causes state.
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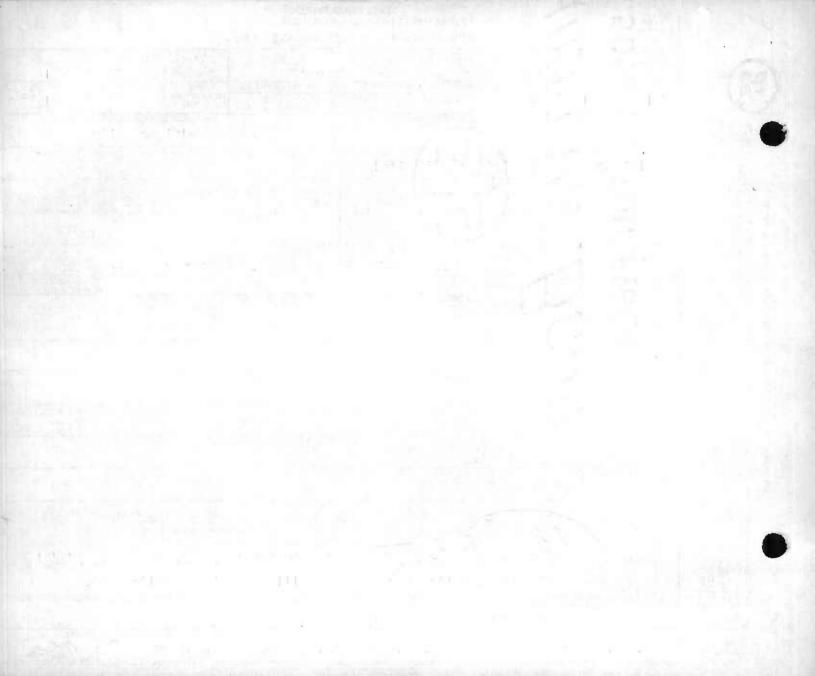
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RE, MD. 21201 EATH. IF ANY DELAY IS NET ES 1, 2, AND 310 THE FUN PM 3. RETAIN PAGE 5 NND 2 SHOULD BE HILD. FYIVAL RECORDS, 201 W. P. FYIVAL RECORDS, 201 W. P.	USUAL RI 130. STAT		FIN NURSING NOME O	R OTHER INSTITUTION, GE	13c CITY	SEFORE ADMISSION OR TOWN		13d. INSIDE CITY	LIMITS? 13	s STREET ADD	RESS Woodr	idge	Rd.	
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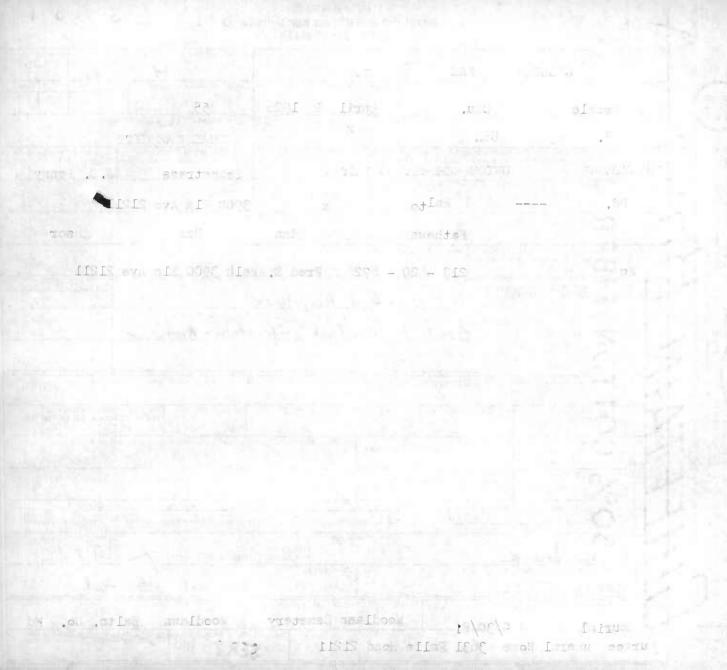
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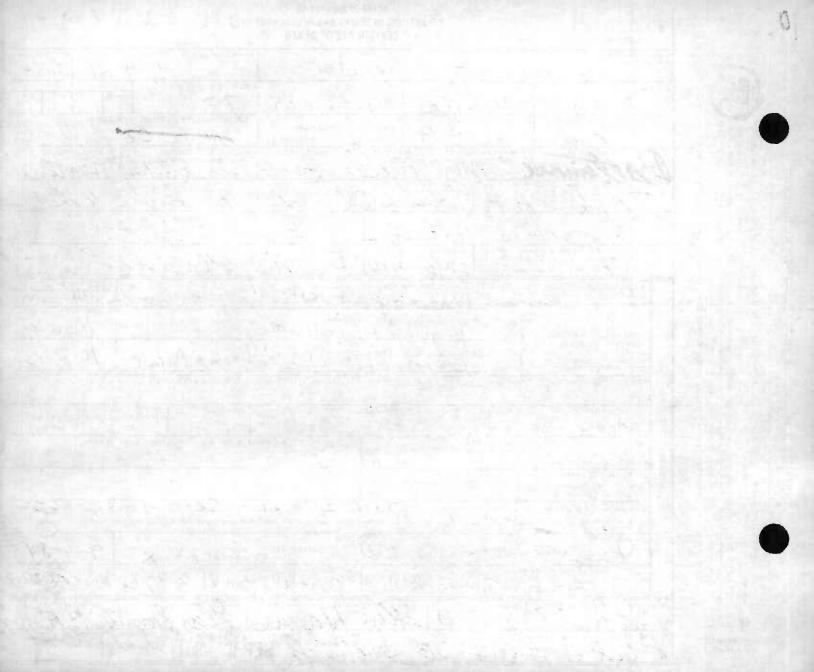
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11/	1.	FOR STATE REGISTRAR		DEPART	MENT OF H	ICATE OF DEATH	REG. NO.	3 /	30× ~1
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y be			HARD	DAVLD		HRAUCH	9 1:	1 81	5:20A
on de la company	3 SE	X	4 RACE			DF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
	Ma.			Lte	May	15, 1925	56 YRS.		
1000	M:	RTHPLACE   STATE OR FORI	U.	OF WHAT COUNTRY?	WIDOWE		9. BALTIMORE CITY <u>OR</u> COUNTY Baltimore Ci	ty	M
in by the tiled w		ITY OR TOWN OF DEATH		OF HOSPITAL, NURS II N SUCH FACILITY, GIVE STREET Agnes Hosp		DR OTHER INSTITUTION	Type of work for most of working to Foreman Interna	12b. KIND ( INDUSTRY CONAL	DF BUSINESS OR Harvest
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agones man me acount is signed by the otten. Then please remove creworld, cremotian, njury, or other traum	NO	Conditions, if ony, w gove rise to immed cause (o), stating underlying cause	hich diote the lost.	D, OR AS A CONSEOU	ENCE OF	NOT RELATED TO THE TERM	ainal disease or condition giv	EN IN PART )	01
on.  permit.  ene prior  ene prior	CERTIFICATION	19a. DATE OF OPERATIO	N 19b. CC	ONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? 200. IF YES	WERE FINDI	NGS USED S OF DEATH?
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ATTENDING P aspital or afte ECTOR: After t of for use as the t. of Health and m 21 is marked	×	WHILE AT WORK NOT WHILE AT WORK  22a.1 certify that (1) (th		d the deceased from	9/7	19.81		19_8/	that (1) (we) last
oche Dep		sow the deceased obove, (I) (we) (did)	olive on	ody after death.		nd that in (my) (our) apinion  DEGREE  ATTENDING PHYSICIAN [	death occurred on the date and how	22c. DATE	
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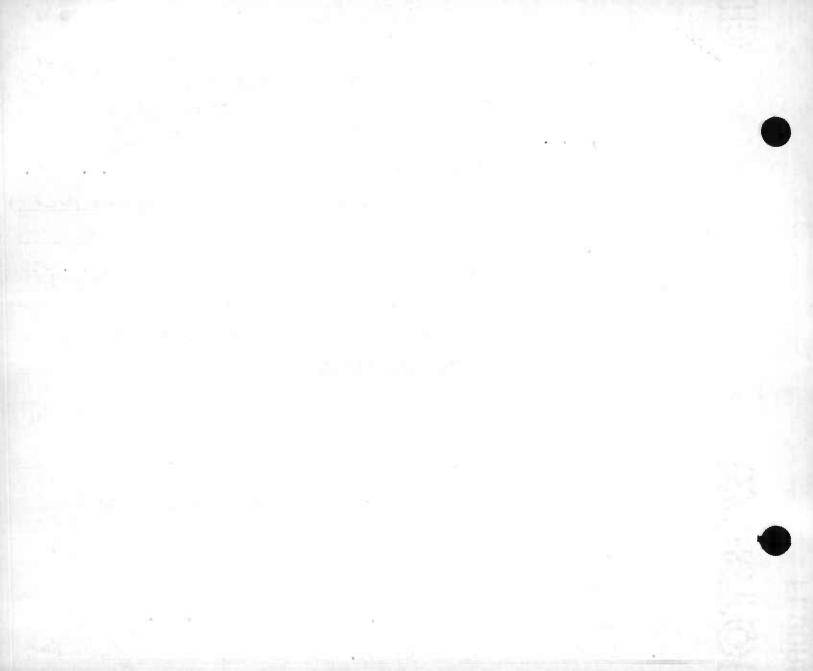
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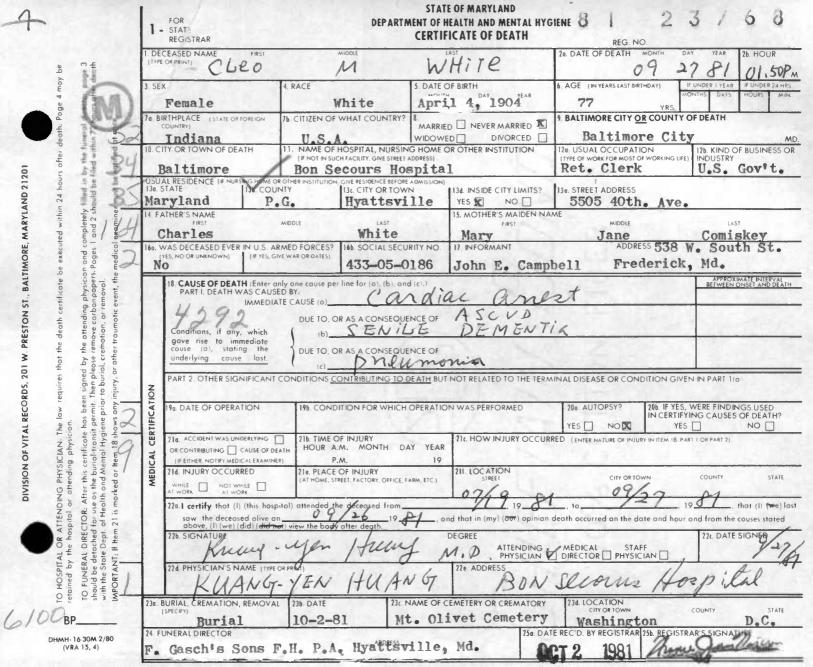


STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 2a. DATE OF DEATH MONTH DAY YEAR 2b HOUR 3 SEX RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF LINDER I YEAR IF UNDER 24 HR VEAR 01 I STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED MARRIED WIDOWED DIVORCED [ 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY clerk Hutzler HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 13b COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS NO 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE FIRST MIDDLE Pieczynski Spioch 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS LYES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 217 34 8143 BO 6708 Frank Konop Bessemer Avenue APPROXIMATE SITEFVAL 18 CAUSE OF DEATH Enter only one couse per land and a condition PART I. DEATH WAS CAUSED BY PRESTON ST. IMMEDIATE CAUSE (o Conditions, if ony, which gove rise to immediate couse (a), stating DUE TO, OR AS A CONSEQUENCE OF DIVISION OF VITAL RECORDS, 201 W. underlying couse lost. CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 III CERTIFICATION 0 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? ď IN CERTIFYING CAUSES OF DEATH? a NO YES [ NOF 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 5 21e. PLACE OF INTURY 21f. LOCATION parked (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY NOT WHILE WHILE AT WORK 22a.1 certify that (1) (this hospital) attended the deceased from \_, that (I) (we) last sow the deceased alive on. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body ofter death Dept 22b. SIGNATURE DEGREE 22c. DATE SIGNED O FUNERAL D \* ATTENDING LA MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME 22e. ADDRES MPORT 230. BURIAL, CREMATION, REMOVAL 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 20 (SPECIFY) CITY OR TOWN BP. 9/24/81 Burial Baltimore Holy Rosary Md 24 FUNERAL DIRECTOR 25a. DATE REC'D, BY REGISTRAR 25b. REGISTRAR DHMH - 16 50M 1/81 ADDRESS (VRA 15, 4)

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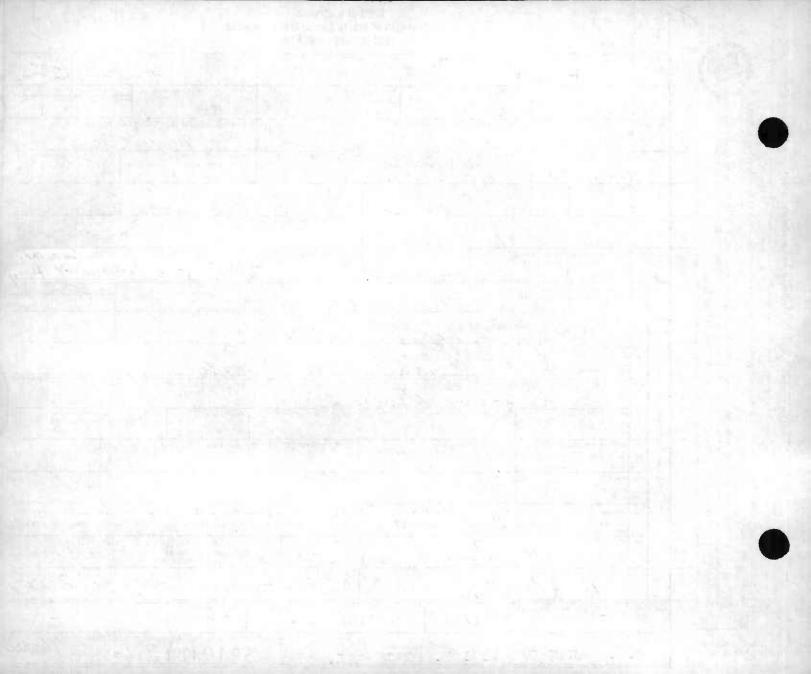




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		FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8  CERTIFICATE OF DEATH  REG. NO.							
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urs of		Male	В	MONTH DAY	YEAR 44 YRS. MO	NTHS DAYS HOURS				
merol di in 72 ho		RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUN	MARRIED NEVER MARR		City				
filed with	10. CT	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N IF NOT IN SUCH FACILITY, GIVE		ION 120 USUAL OCCUPATION  ITYPE OF WORK FOR MOST OF WORKING LIFE)  UPM D   C 1.4 Cd.	126. KIND OF BUSINESS INDUSTRY				
0 0 0	USUA 130 S	AL RESIDENCE (IF NURSING HOWEOR TATE 136 COUN	OTHER INSTITUTION, GIVE RESIDENCE  130. CITY OF	BEFORE ADMISSION)	IMITS? 136. STREET ADDRESS	St.				
d 2 sh	14 FA	THER'S NAME	Timore Dal	15. MOTHER'S MA	IDEN NAME	harles				
0_1111111111111111111111111111111111111	{ Y	AS DECEASED EVER IN U.S. AR	E WAR OR OATES)	SECURITY NO. 17 INFORMANT	ADDRESS					
quires that the death certificate k signed by the ottending physicia hen please remove corbanappers to buriol, cremation, or removal. ijury, or other traumatic event, the	NO	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT C	DBY: E CAUSE (o)  DUE TO, OR AS A CONS (b)  DUE TO, OR AS A GONS (c)	sequence of liver	Desease THE TERMINAL DISEASE OR CONDITION GIVEN	BEI WEEN ONSET AND DI				
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retoined by the TO FUNERAL should be deturned by the Mith the Stote		22d PHYSICIAN'S NAME (DATE)	Hmpn		HAMMONDS FIRRY	Rd 2120				
5 g 5 d ½ ₹	23e B	URIAL CREMATION REMOVAL	9/11/81	Pinelawn Cem.		COUNTYSTA				



Cast a J. . Listner 9001 Mischie I ray var i s 2006

-12	1.	FOR STATE REGISTRAR		DEPARTN	ENT OF H	E OF MARYLAND LEALTH AND MENTAL HYG ICATE OF DEATH	IENE 8		3 1 7 2
0	1.DE	CEASED NAME FIRST	-	MIDDLE		AS1		MONTH DAY	YEAR 26 HOUR
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moy . pog	哒药	Y	4 RACE		5 DATE C		6. AGE (IN YEARS LAST BIRT	HDAY) IF UN	DER I YEAR IF UNDER 24 HRS
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oth. Po	Ja B	MTHPLACE INTATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	MARRIE	D NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF	DEATH
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E, A	160 \	VAS DECEASED EVER IN U.S. AF		16b SOCIAL SECUI	RITY NO.	17 INFORMANT	ADDRE	SS	MILLISTAGE
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Or Or Aff		22a.1 certify that (I) (this hosp	ital) attended th	e deceased from	9-	1 4 am 19 81	10 9-11	7 am , 19	that (I) (we) lost
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Chapel, Annapolis, MU

FOR

I. DECEASED NAME

REGISTRAR

- STATE

DHMH - 16 50M 1/B1 (VRA 15, 4)

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG NO

2h HOUR

12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL

STATE

22c. DATE SIGNED 8-17-81

1981

IF UNDER 1 YEAR

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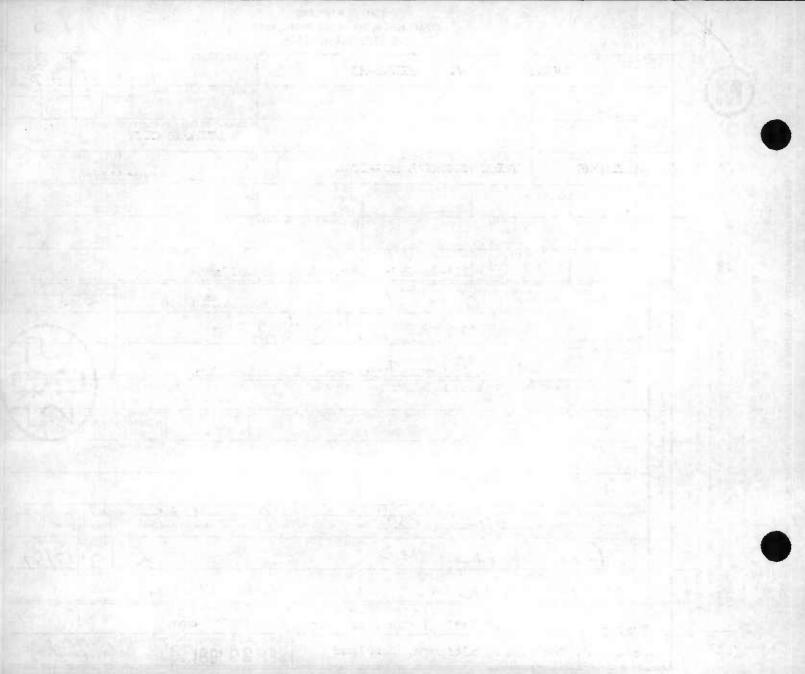
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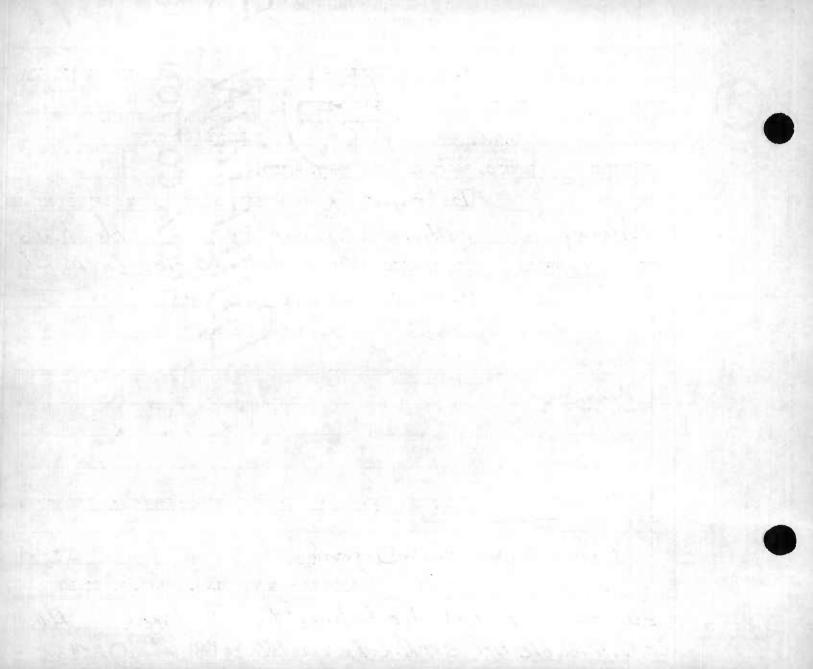
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## I. DECEASED NAME 20 DATE OF DEATH TYPE OF PRINTS JOSEPH K. WILLIAMS 3. SEX 4. RACE 5 DATE OF BIRTH 6 AGE LIN YEARS LAST BIRTHDAY Male CAUC. YEAR 0 01 LE BIRTHPLACE ISTATE OR FOREIGN 7h CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED RALTIHORE BALTIMORE CITY WIDOWED DIVORCED 0 13b COUNTY 525 E. GITTINGS STREET NB 14 FATHER'S NAME E. FOLGER 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (IF YES, GIVE WAR OR DATES) 218-10-3702 Mr. George A. Smith, 3433 6th. St. Balto. 21224 18 CAUSE OF DEATH (Enter only one cause per line for (a), b), and (c) PART I. DEATH WAS CAUSED BY. TRACHENI OBSTRUCTION PRESTON ST., C. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF WERVE PARALYSIS LARYNGEAL Canditians, if any, which gave rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse GANCER DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG DIVISION OF VITAL RECORDS, CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? Mentol Hygiene sho 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 Item 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL ( IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE FARM ETC.) NOT WHILE 220.1 certify that (1) this haspital) attended the deceased from saw the deceased glive an 91.7.2 31 and that in my (aur) apinian death accurred on the date and haur and from the causes stated SIGN DEGREE ATTENDING MEDICAL should be deta with the State [ DIRECTOR PHYSICIAN MPORTANT: PHYSICIAN 22e ADDRESS MARCIARET L. KEELER, NO. HERCY HOSPITAL BACTIRODE, NO. 230 BURIAL CREMA Glen Haven Mem. Park Glen Burnie, A. A. Co. Maryland

Mo willy Funeral Home, 130 E. Front Ave. Balto. Md.

- STATE

REGISTRAR

24 FUNERAL DIRECTOR

DHMH - 16 50M 1/81

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

IF UNDER 1 YEAR

IF UNDER 24 HR

126 KIND OF BUSINESS OR Balto (ity

APPROXIMATE INTERVAL

NO [

STATE

20b IF YES, WERE FINDINGS USED

COUNTY

STAFF

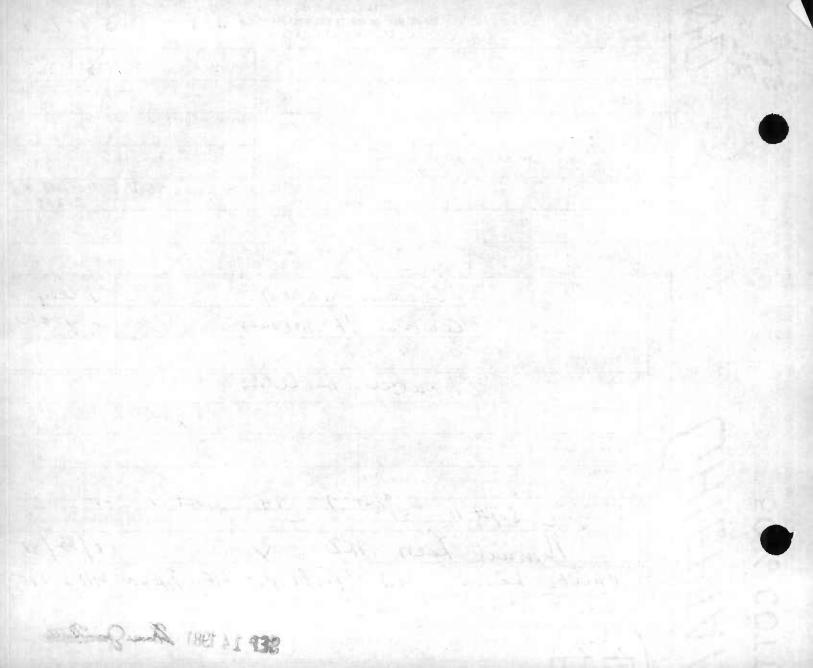
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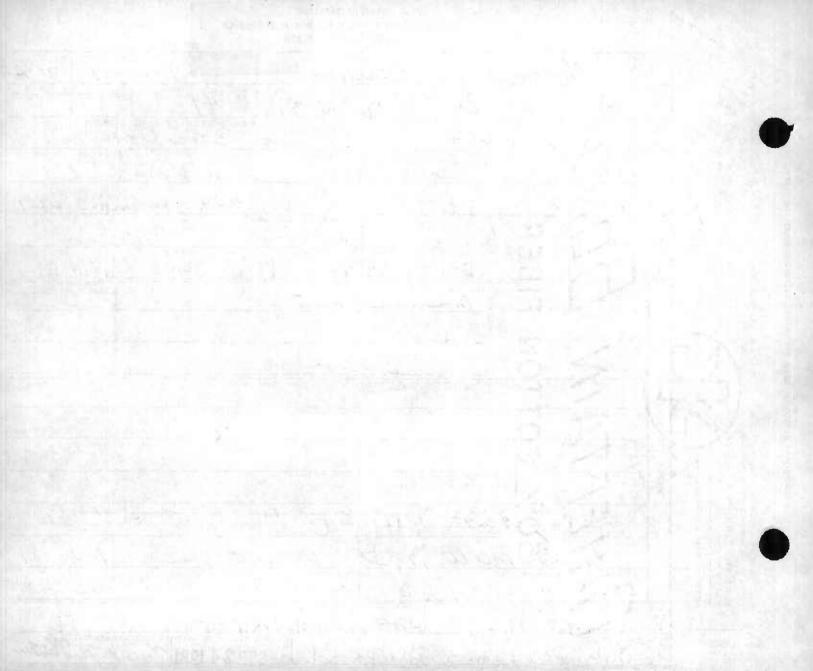
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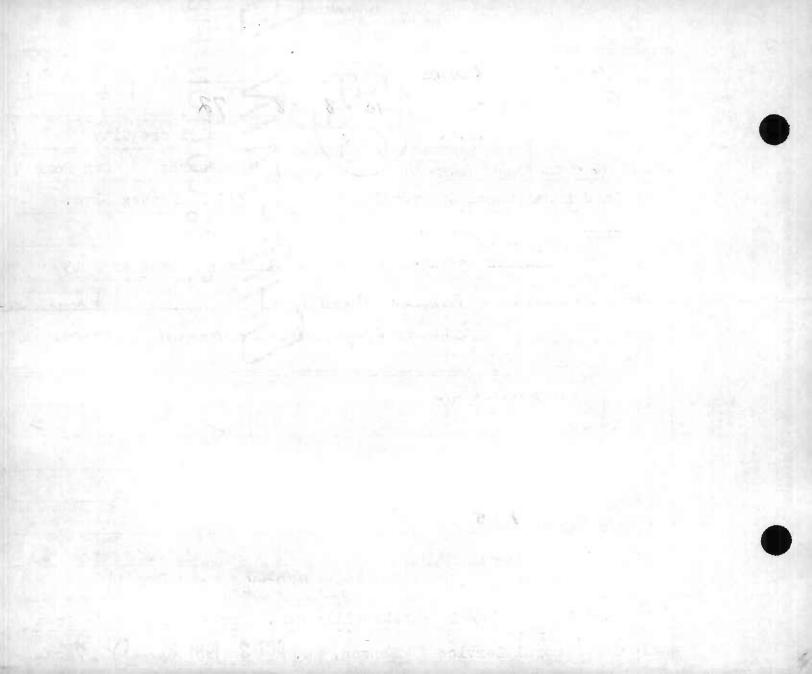
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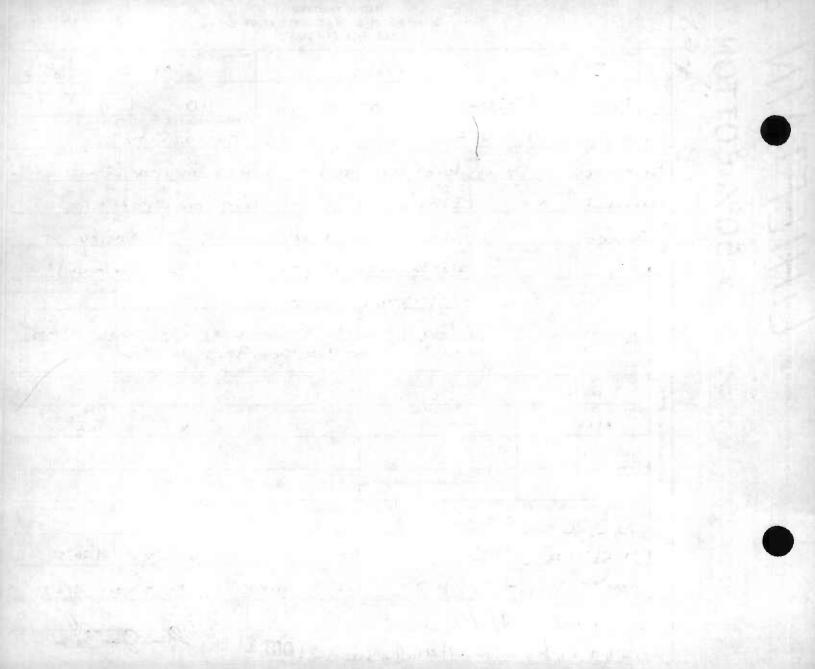
ge 4 mg 12 m	1.	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	3119.
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24 hours	HSU.		Jewish Conva	RE ADMISSION) WN 13d INSIDE CITY LIMITS?	13e. STREET ADDRESS 4601	PAILMAIL R
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he low roon. hos been the permit iene prior ows ony	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED		WERE FINDINGS USED ING CAUSES OF DEATH?
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O HOSPITAL OR etained by the h TO FUNERAL DIR should be detached with the State Department of the stat		224 PHYSICIAN'S NAME (TYPE	arriel Lour	A P ATTENDING PHYSICIAN P	MEDICAL STAFF DIRECTOR PHYSICIAN D  TS AUE BALTO	MD 2/215
0 an 0 ch w M	23a B	urial, Cremation, Remova SPBurial	23b DATE 9/14/81	NAME OF CEMETERY OR CREMATORY Westview	23d. LOCATION	STATE MM
DHMH - 16 50M 1/81 (VRA 15, 4)		MERALDIRECTOR MARCH F	/H 1101 E. ADNO:	rth Avenue	P 14 198 TRAR 2 TEGISTE	C SCHOOL CO



8	1	FOR - STATE REGISTRAR	DEP	STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE 8 2	3 / 8 0
oge 3		CEASED NAME FIRST	HEW MIDDLE	WILLIAMS	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR 235AM
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the plant of the p		22d. PHYSICIAN'S NAME LITTE	miller,	DEGREE ATTENDING PHYSICIAN  220 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED 9-20-81
TO HOSPITA retoined by TO FUNERA should be de with the Stot		Louis MI	LLER, M	D 6804 PM	ARKHEIGHT.	5 AVE 21215
2841 BP	E	BURIAL, CREMATION, REMOVAL	236. DATE 9/25/81	AROUTUS MEM. PE	RK ARBIUS	COUNTY M.D. STATE
DHMH- 16 30M 2/80 (VRA 15, 4)	X	uneral director	Chome 530	ayork Rd. 100	SEP 24 1981 Zeen	cas fan Narthen







E. Baltimore St.

Dabrowski & Son 2818

FOR

STATE OF MARYLAND

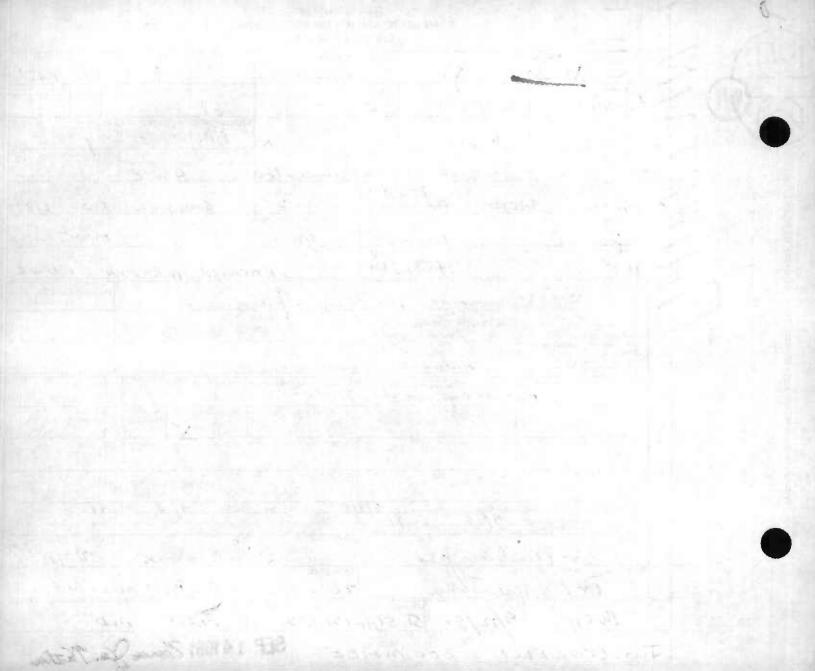
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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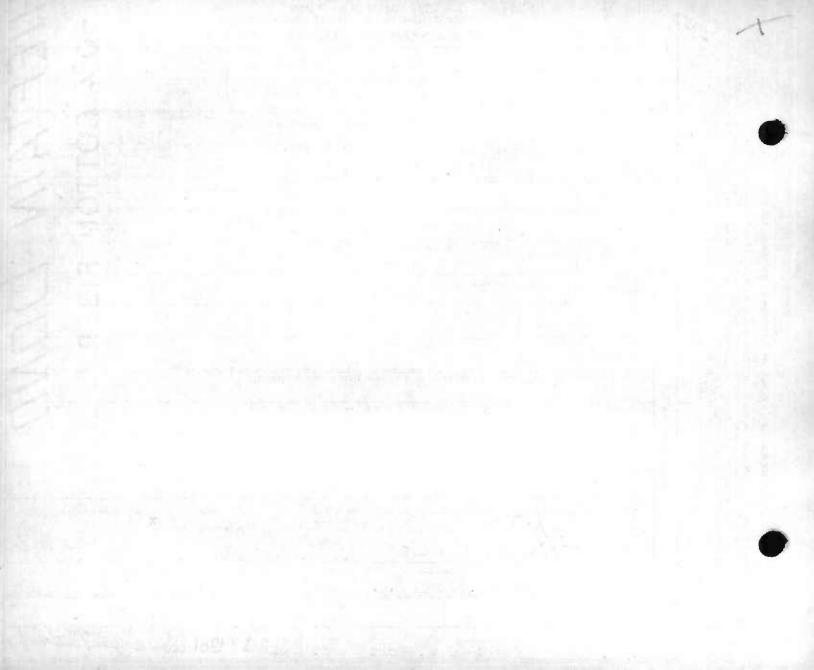
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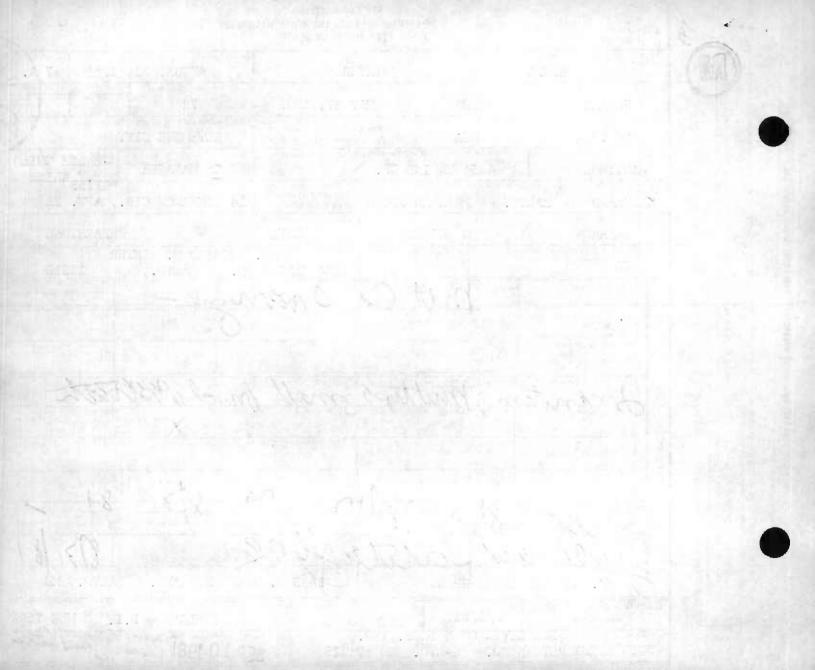
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7 ft	11-	STATE REGISTRAR		DICAL EXAMINER'S		DEDEATH	G. NO.	
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1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			5. DATE OF BIRTH	YEAR LAST BIRTHDAY) MC	UNDER TYR. IF UNDE	R 24 HRS. 2c. DATE PRONOUNCED DEAD	MONTH	20 110011
33(90)	70 B	emale   black	76. CITIZEN OF WH	AT COUNTRY?		9 BALTIMORE C		14 19 81 6"29
STATE OF STA	1	VA	U	C 7	RRIED   NEVER MARI		ltimore	City MD.
AY IS THE F PAGE PILED		ITY OR TOWN OF DEATH	(IF NOT IN SUCH FAC	PITAL, NURSING HOME, OR C		120. USUAL OCCUPATION FOR MOST OF WORKING LIFE	(TYPE OF WORK	76. KIND OF BUSINESS OR INDUSTRY
DELA N N N N N N N N N N N N N N N N N N N		Baltimore AL RESIDENCE (IF IN NURSING HOME O	701	W. Mulberry St	reet			
D. 21201 L. IF ANY DELAY IS. 2, AND 3 TO THE F. 3. RETAIN PAGE 2 SHOULD BE FILED A RECORDS, 201	13e S	MD 136. COUNT	TY	Baltimore	13d. INSIDE CITY LIMITS?	13e STOFIADORESS M	ulberry	y St.
RE, MD. PEATH. II PEATH. II PEATH. II PEATH. II PEATH. II PEATH. II	H.F	ATHER'S NAME Irvin	MIDDLE W	ilson Sr.	Virgi	nia Middle	Jo	ohnson
ST., BALTIMORE, MD. OURS AFTER DEATH. II 18. GIVE PAGES 1, 2, 3, WITH FORM PM 3. AIT. PAGES 1 AND 2 S E, DIVISION OF VITAL	160.	WAS DECEASED EVER IN U.S. ARA TES, NO, OR UNKNOWN) (IF YES, GIVE V	AED FORCES? WAR OR DATES)	227-46-297	8 Carroll	Wilson 701	W. Mu	lberry St/
PRESTON:		18 CAUSE OF DEATH (Enter and PART I DEATH WAS CAUSED MAKEDIAT Conditions, if ony, which gove rise to immediate cause (a) stating the underlying cause lost.	DBY: E CAUSE (o) DUE TO, OR (b)	for (o), (b), ond (c).) Undetermined  AS A CONSEQUENCE OF				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE. PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR PAFER DEATH, WITH THE ST. BALTIMORE, MARPILAND, 2		22a. I certify that I taak charge death resulted from: Nature ACTUAL SIGNATURE	1	ribed obove, held on Aut Accident , Suicide	apsy XX Inspection  Homicide ,  TITLE (SPECIFY)  ASSISTAT	Undetermined manner	ond in my opin	0/15/01
CGCUTE CGCUTE TIER D				Guard, M.D.		Penn Street,		
TO T	23e. E	URIAL, CREMATION, REMOVAL 2	_	23c. NAME OF CEMETERY		23d LOCATION CITY OF TOWN Westmore	land	Čo. STATE
0402 BP	24 F	Burial	9/19/81	Church Ce	25a. DATE	REC'D. BY REGISTRAR 256		Chlatenos
DHMH-17 (VR A15 ME (5)) 15M 2/80		Wm. C. March	F/H 110	01 E. North	OF F		nces fla	





X	STATE     REGISTRAR		DEPARTM		FICATE OF DEATH	REG. N	Com			
	ECEASED NAME FIRST		MIR	KERT	SI	26. DATE OF DEATH	MONTH	DAY YEAR	3am	
1 SEX /gle		4 RACE S. White			be 11,1896**	6 AGE (IN YEARS LAST BIR	YRS.	IF UNDER 1 YEAR IF UNDER 24 HR MONTHS DAYS HOURS MIN		
76. BIRTHPLACE (STATE OF FOREIGN 76. CITIZI			MARRIED NEVER MARRIED WIDOWED DIVORCED □			P. BALTIMORE CITY OR COUNTY OF DEATH  Baltimore (ity			MD.	
1	Baltimore	(IF NOT IN SUC	ch Hospit	DDRESS)	or other institution	120 USUAL OCCUPATION (Type of work for most of working life)  SARAY  Ketired				
130	JAL RESIDENCE (IF NURSING HOME OF STATE 136 COU	NTY	13t. CITY OR TOWN		13d INSIDE CITY LIMITS? YES NO	13. STREET ADDRESS 54/5 Ger	land	Avenue-	-21206	
	ATHER'S NAME FIRST Joseph Wi		LAST		15. MOTHER'S MAIDEN NA	WIDDIE		LAS	it	
160 \	WAS DECEASED EVER IN U.S. AF (YES, HO OR UNKNOWN) (IF YES, GI	RMED FORCES? VE WAR OR DATES)	213-05-2	462	Mrs. Lena W.	irkert - 541		land Av	re2120	
	Conditions, if ony, which gave rise to immediate cause last (b)  DUE TO, OR AS A CONSEQUENCE OF  (b)  ASCUD  DUE TO, OR AS A CONSEQUENCE OF									
NOI	PART 2 OTHER SIGNIFICANT	CONDITIONS	DNTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR CON	DITION GIV	EN IN PART 10	5	
CERTIFICATION	190. DATE OF OPERATION	19b. CONDI	TION FOR WHICH (	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIF	S, WERE FINDIF YING CAUSES IS [		
EDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.  (IF EITHER, NOTIFY MEDICAL EXAMINE	HOUR A.	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	TY IN ITEM 18 P	PART 1 OR PART 2)	B LIVE	
MED	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE	OF INJURY IEET, FACTORY, OFFICE, FA	RM, ETC.)	21f. LOCATION STREET  FMR FR 14 81	CITY OR TO		COUNTY 81	STATE	
	The t certify that (I) (this happing attended the deceased from the deceased from the deceased september 23, and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated above. (I) (we called ) and the september of the date and hour and from the causes stated above. (I) (we called ) and the september of the date and hour and from the causes stated above.									
	22h SIGNATURE	ceoule	110-		DEGREE ATTENDING PHYSICIAN	MEDICAL STAF		22c. DATE	SIGNED	
	GASPAR DE	LMONTE			CHURCH HOSP	ITAL 100 N.	BROAD	YAW		

ĎHMH - 16 50M 1/B1 (VRA 15, 4)

and Mental Hygiene prior to burial, crematia

marked or Item 18 shaws

IMPORTANT: If Hem 21 is should be detached fo with the State Dept. of

After this certificate has been

TO FUNERAL DIRECTOR:

John Miller Inc. -6415 Belair Rd. -21206

73h DATE

9-26-81

230 BURIAL, CREMATION, REMOVAL

Burial

231. NAME OF CEMETERY OR CREMATORY Holy REdeemer Cem. 23d LOCATION
CITY Balto. M.

COUNTY

STATE

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE
EP 23 1981 Cras Lass

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- 5175 Geoland Ave. +21 (5)	- Asisist	hed test	- 21 C	an V		Sw
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HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

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ALTIMONE CITY

TALTIMORE ST AGUES HOSPITAL

200 GATON AVENUE CALTIMORE MD 21222

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Item #16b Film 4559 9/14/81 rc

- STATE

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should be detoched far use as the burial-tronsit permit. Then pleose remove carbonpopers. Pages with the State Dept. of Heolth and Mental Hygiene prior to burial, cremation, ar removal. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion

IMPORTANT: If Hem 21 is morked or Hem 18 shaws any injury, or ather troumotic event, the

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2319

1	1-	FOR STATE REGISTRAR		DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2  CERTIFICATE OF DEATH  REG. NO.							3	9		
		CEASED NAME	FIRST	N	AIDDLE	1	AST		20. DATE OF DEAT		OAY	YEAR	26 HOUR	
	litte	OR PRINT)	ALICE		C.	Wo	OLF			09	26	81	1:05 PM	
	3. SEX	(	4	RACE		5 DATE C	OF BIRTH		6 AGE (IN YEARS LAS		IF UN	DER 1 YEAR	IF UNDER 24 HRS	
	F	EMALE		WHI	TE	04	02	93		88 YE	MONTH	HS DAYS	HOURS MIN.	
,		RTHPLACE (STATE OR F	OREIGN 7	. CITIZEN OF V	WHAT COUNTRY	Y? B	D NEVER A	AABBIED [	9 BALTIMORE CIT			DEATH		
S		ARYLAND		U.S	.A.	WIDOWE		ORCED	BALTIM	ORE C	ITY		MD.	
	10. CI	TY OR TOWN OF DEA	TH 1	<ol> <li>NAME OF H</li> </ol>	OSPITAL, NURS		OR OTHER INST	ITUTION	12a USUAL OCCUP			L KIND C	OF BUSINESS OR	
0		ALTIMORE		JENK:	INS MEMO		HOME		SECRET				TING CO.	
5	13a S	AL RESIDENCE (IF NURSI TATE RYLAND	136 COUNT		BALTIMO	WN	13d. INSIDE C	ITY LIMITS?	13e. STREET ADDRE		EDER	E AVI	ENUE	
	14. FA	THER'S NAME	M	DDIE	LAST			MAIDEN NA						
G		JOHN	_	1.	JONES			ARA	E.		M	cCOL	LISTER	
		AS DECEASED EVER		ED FORCES?	166 SOCIAL SEC	CURITY NO.	17 INFORMA	NT			RNOL	D, M	D. 21012	
d		NO		J. J	215-07-	-0629A	HELEN	MORELA	ND 360 FR	ESHFI	ELDS	LANI	E	
		18. CAUSE OF DEATH (Enter only ane cause per line toc (a), (b), and (c) PART I. DEATH WAS CAUSED BY:									BETWEEN	MATE INTERVAL ONSET AND DEATH		
		11110 IMMEDIATE CAUSE (a) Conterior cloudete de 10						400	20		-	n		
7		740 DUE TO, OR AS A CONSEQUENCE OF										0		
		Conditions, if ony, gove rise to imm		(b)	(b)						-			
		underlying cause		DUE TO, OR	AS A CONSEQ	UENCE OF								
	2	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110										0		
7	CERTIFICATION	19a DATE OF OPERAT	ION	196 CONDIT	TION FOR WHIC	H OPERATIO	N WAS PERFO	RMED	20a AUTOPSY?	IN CE	YES, WE RTIFYING YES 🗍	RE FINDING CAUSES	NGS USED OF DEATH?	
	CER	210 ACCIDENT WAS UND		216. TIME OF		DAY VEAR	21c HOW IN.	JURY OCCURR	RED (ENTER NATURE OF	M3TI NI YRULNI		DR PART 2)		
	CAL	OR CONTRIBUTING CAUSE OF DEATH HOUR A.I				ONTH DAY YEAR								
	MEDICAL	21d INJURY OCCURR	Y OCCURRED 21e PLACE			OF INJURY 21f LOCATION			CITY OF TOWN			OUNTY	STATE	
	~	WHILE NOT WHILE AT WORK AT WORK (AT HOME_STREET, FACTORY, OFFICE, FARM, ETC.)  STREET  CITY OR TOWN												
Ý.		saw the deceosed alive on 26 19 0, and that in (my) (aux) apinian death occurred an the date and haur and from the causes stated above. (this (we) (did) (did on oil view the body after death.												
		26. SIGNATURE	1	00	)		DEGREE					22c. DATE	SIGNED	
	6	auro	11	100	been	1111	P		DIRECTOR PHY	TAFF SICIAN [		9-2	8-81	
		HA PHYSICIAN'S NA	ME (TYPE OR P	PRINT	0		72e ADDRESS	5						
		LAURENCE			.D.		ST.	AGNES M	EDICAL CE	NTER				
		URIAL, CREMATION, I	REMOVAL				EMETERY OR C		23d. LOCATION	4	cou	YTAL	STATE	
		RITETAT.		09-29	-81	TMMA NT	IFT. CEM	PTFDV	RAITTMC	DF CT	TV	MAT	DVIAND	

24 FUNERAL DIRECTOR DHMH - 16 50M 1/81 (VRA 15, 4)

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HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE

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DHMH - 16 50M 1/81 (VRA 15, 4)

- STATE

REGISTRAR

JONES, JR/4101 DREEDMONDSON

BURIAL

MARYLAND NAT'L

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

22c. DATE SIGNED

AVE 250 DATE REC'D SEP 21 1981 Farmes

2h HOUR

126 KIND OF BUSINESS OR

EDW ARDS

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO DY

STATE

10 min

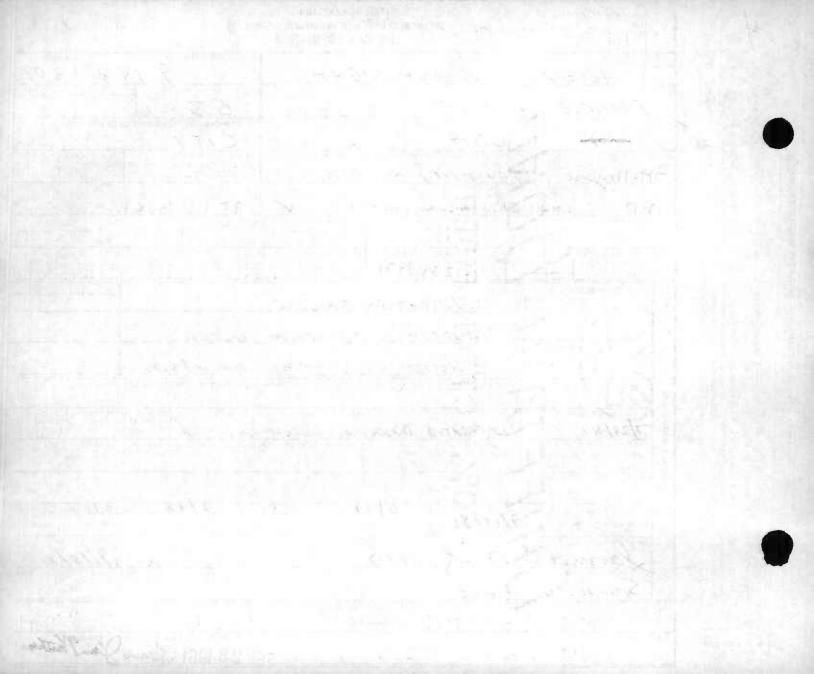
20b. IF YES, WERE FINDINGS USED TO CERTIFYING CAUSES OF DEATH?

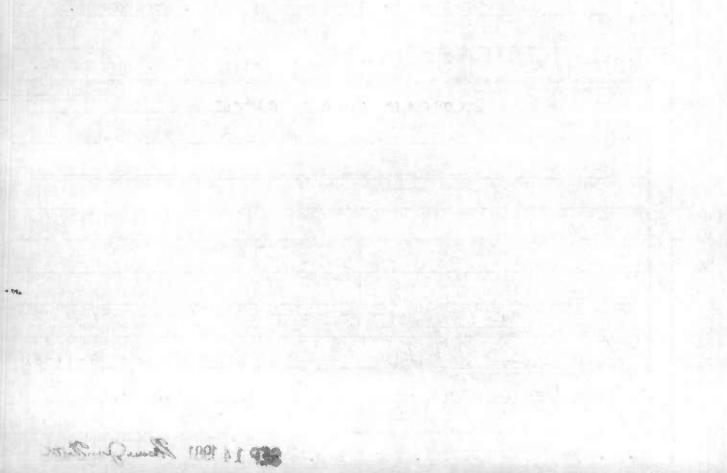
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IF UNDER LYEAR

INDUSTRY

THE ADDITION OF THE PERSON AND THE P ACTUAL COMES 1801 FORES





DHMH - 16 50M 1/81 (VRA 15, 4)

	/					E OF MARYLAND	59 1	0	2 7	9 1
	1.	FOR STATE		DEPARTA		EALTH AND MENTAL H	YGIENE 💝	lin	3 /	, ,
		REGISTRAR			CERTIF	ICATE OF DEATH	REG	NO.		
		CEASED NAME FIRST		NIDDLE	, (	AST	20 DATE OF DEATH		DAY YEAR	26. HOUR
		PAUL	FRA	NCIS Y	ARZ	AGARAY	09/23/8	31		09:10
	3. SE	X	4. RACE		5 DATE C		6 AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
		Male	Caucas	ian	Fet		19	YRS.	WONTHS DAYS	HOURS MIN.
1		RTHPLACE ISTATE OF FOREIGN		WHAT COUNTRY?	18		9 BALTIMORE CITY		OF DEATH	
16		Aruba	Aru	ıba	MARRIE	D NEVER MARRIED 2	DATMENO	RE CIT	V	
1		ITY OR TOWN OF DEATH				OR OTHER INSTITUTION	120 USUAL OCCUP			F BUSINESS OR
2				HOPKINS			(TYPE OF WORK FOR MO			1 DOGN LEGG OK
-		Baltimore AL RESIDENCE (IF NURSING HOME OR				71 111111	Studen	ξ		
1	13a. S	STATE 136 COUR	ITY	13c. CITY OR TOW	N	134 INSIDE CITY LIMITS?	13e. STREET ADDRES	S		
0	_	Aruba		Oranjes	tad	YES NO	# 59 E	nanser	raad	
	14 FA	THER'S NAME FIRST	WIDDLE	LAST		15. MOTHER'S MAIDEN N	NAME		LAS	Ť
-		Marcelo		arzagara		Norma			La¢le	
5		VAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADI	DRESS		
5	,,,	No				Edwin Lac	cle	Ar	uba	
		18 CAUSE OF DEATH (Enter on	ly one couse per l	line for a), (b), one	dic	1	0	0.	APPROXI	MATE INTERVAL ONSET AND DEATH
		PART I. DE ATH WAS CAUSE	D BY: E CAUSE (o)	Renal	Jew	Luco Reson	voter ta	line		
		5/62 IMMEDIA		100 100		1	1			
		Conditions, if any, which	DUE TO, OR	AS A CONSEQUE	LI	Phuman	ca		330	
		gove rise to immediate	(p)	Putto 3	-460	The contract of		7		
		couse (a), stating the underlying cause lost	DUE TO, OR	AS CEPHSED	NCE OF					
			10	cyou	XY		-			
	z	PART 2 OTHER SIGNIFICANT	ONDITIONS CO	NIRIBUTING TO E	M BUT	NOT RELATED TO THE TEN	RMINAL DISEASE OR CO	NDITION GIV	EN IN PART TIE	
	CERTIFICATION	19a DATE OF OPERATION	rema	Done	vien	N WAS PERFORMED	1 400x 1	2 40	, WERE FINDIN	ese
1	FIC.	196 DATE OF OPERATION	148 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIF	YING CAUSES	OF DEATH?
	RTI						YES NO	YE:		NO 🔀
2		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		A. MONTH DA	YEAR	21c HOW INJURY OCCU	JRRED (ENTER NATURE OF II	JURY IN ITEM 18 P.	ART I OR PART 2)	
_	CAI	(IF EITHER, NOTIFY MEDICAL EXAMINER		۸.	19					
	MEDICAL	21d. INJURY OCCURRED	21e PLACE C	OF INJURY	ARM, ETC )	211 LOCATION STREET	CITY OF	TOWN	COUNTY	STATE
	<	AT WORK NOT WHILE AT WORK			7	200	2, 0	. 03	01	
		22a.l certify that (I) (his hospi	tol) ortended the	deceased from_	01-	d 19 8	1. to 80	125	1901	that (1) (we) last
		sow the deceased alive on above, (1) (we) (did (did no	ti view the body	ofter death	X ( . or	nd that in (my) (our) opinio	on death occurred on the	date and hour	and from the	couses stated
		226. SIGNATORI	The body o	oner deam.	HI STATE	DEGREE			22c DATE	SIGNED
		/ /lkes	1044			ATTENDING PHYSICIAN		TAFF SICIANI DE	9-7	27-21
1		22d. PHYSICIAN'S NAME (TYPE &	RINT)			22e ADDRESS	DIRECTOR PHI	A	0	7 4 1
		MILLAS	16	LIMIF		4940	En eter	Ave	· Kal	9.
-	22- 0	CUDIAL CREMATION OF WORLD	123 0.75	122	LAME OF O	1 110	Last topotation	1110	340	<u> </u>
		BURIAL, CREMATION, REMOVAL				EMETERY OR CREMATORY	CITY OF TOWN	C to : -	COUNTY	2009
		Removal	9/24		ita. (		Sta.	Cruz,	D. A	euba,
		JNERAL DIRECTOR Henr	y W. J	enkins 8			ATE REC'D BY REGISTR	ARATAREGIST	RACSHANA	MATTER
	49	05 York Road	Balto	., Md.	21	1212	)EL 7 1301	77-3		-

THE WAR STANDARD OF THE WAR THE Caucage For 1, 192 195 1 45, 676 The Mostra Committee Adia on 18805 Baltimore ACUMA E-24/81 Sta. Cru all. Live, and all Henry Lone Falls, W.S. 1 21212

4	1-	FOR STATE				MENT OF	HEALTH	ARYLAND AND MEN	HAL HY	-	2	3	19	8
		REGISTRAR		N		EXAMIN	IER'S	CERTIFICA	ATE OF	DEATH	REG. NO	).		
		CEASED NAM	E FIRST		MIDDLE			LAST		2a. DATE	KNOWN ESTI-	MONTH	DAY YEAR	2b HOUR
<b>京京初表</b> 世			Dor	a	E.			Yingl	ing		H MATED X	9	5 1981	M
PET PE	3. SE	X	4. RACE	5. DATE OF BIR		6. AGE (IN YE		DER 1 YR. IF	UNDER 24	HRS. 2c. DA	TE	MONTH	DAY YEAR	2d HOUR
2002	1	female	white	10/4/9			RS. MONT	HS DAYS	HOURS M	PRONO!		9	5 19 81	12:00
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AAGE 5	10. C	ITY OR TOWN	OF DEATH	11. NAME OF H	IOSPITAL, NU	IRSING HOM	E, OR OTH	ER INSTITUTIO	II NC		a ltamor	OF WORK TO	KIND OF BU	SINESS
		Baltim	ore		Woodh	ourne	Aveni	10		FOR MOST OF W	orking life) iemake!	r	Own 1	
	USU	AL RESIDENCE	(IF IN NURSING HOME	OR OTHER INSTITUTION	GIVE RESIDENC	E BEFORE ADMISSI	ION)						OVVII	101116
21201 AND AND AND AND AND AND AND AND AND AND		Marylan	nd 13b. COUN	IIY	I B	rortown alt <b>im</b> o	re	13d. INSIDE CITY	NO [	614 VA	ress 100dbou	Inno	Avanua	
MD.		ATHER'S NAME		<del>-</del>		CATCELL TO		15. MOTHER				ar rie /	venue	
	)	Georg		MIDDLE	L.J.	iber		FIRS	T		MIDDLE		LAST	
BALTIMORE, M S. AFTER DEATH. GIVE PAGES 1. PTH FORM PM PTH FORM PM VISION OF VIEW	16a \	VAS DECEASE	DEVER IN U.S. AR	MED FORCES?		CIAL SECURIT	Y NO.	17 INFORMA	Kathe	erine	ADDRESS	P	nillips	
BALTIMA IRS AFTER S. GIVE PA S. T. PAGES. I DIVISION	()	ES, NO, OR UNKNO	(IF YES, GIVE	WAR OR DATES)	012	74 66	- 1 1	Pont	Kirk	books	Тошо	Α	A-101-	
			F DEATH (Enter ar	turne constant		74 65	944	Dert	KIIK	wood,	Tows	on, n	Maryla	
ON ST., 24 HOUR ITEM 18. ONG W PERMIT. SIENE, D		PARTIDE	ATH MAINE CALLER	D DV			tio d	andiou	20011	an dica	200	- 00	APPROXIMATE BETWEEN ONSET	AND DEATH
ON ST 24 HO ITEM 1 LONG PERMI GIENE, WAL		1179	IMMEDIA	TE CAUSE (a)		VSEQUENCE		aruiov	ascui	ar uise	ase			
PRESTON ST ITHIN 24 HOL CIL IN ITEM 18 VER ALONG ANSIT FERMIT REMOVAL		Condition	ns, if any, which		OK AS A CO	1350051465	OF.							
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		BART 2 OTHER CO	Chillie that complained	(c)										
RECORDI D BE EXE ENDING MEDICA AS A BU CREMA!	z	TART Z UINER SI	GNIFICANT CONDITIONS	COMIKIBUTING TO DE	TIN BUT NOT REL.	ATEO TO THE TERM	UNAL DISEAS	OR CONDITION G	IVEN IN PART 1	(0)				
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NAC HE WENT		UNDERLYING				DAY YEAR	R ZIC M	OW INJURY O	CCURRED	ENTER NATURE OF	INJURY IN ITEM 18 P	PART 1 OR PART	2)	
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SES	ME			STREET	FACTORY, FARM, I			CATION		CITY OR	OWN	COUN	TY	STATE
DIN THIS C WARD! WARD! WARD! AAGE 3		AT WORK	AT WORK											
ATE, ORV	ļ	22a I certif	fy that I taak charg	ge of the remains	described abo	ove, held an	Autap	sy . 1	nspectian [	XX Inquir	y , and	d in my apin	ian	
ME NOTES		death resulte	ed fram Natu	ral causes 🛶 🗴	Accident	, su	icide	, Hamicid		Undetermined	manner .			
AN WHEE			17	/				TITLE (SPE	CIFY)					
**************************************	1	ACTUAL SIGNATURE_	14	KLOL	Par	V	M	Assis	tant	_MEDICAL EXA	MINER	DATE SIGNED.	9/6/	'81
OPEN STATE	-			0		-						01071201	1-57	
¥3%285×		EXAMINER'S (TYPE OR PRI	NAME H	ormez R.	Guard	M.D.		ADDRESS	111	Penn St	reet, Ba	11timo	re, MD 2	1201
DIVI  TO MEDICAL EXAMINER: THIS CE EXECUTE THE CERTIFICATE, WRITH PAGE & SHOUND BE PORWARDED TO FUNERAL DIRECTOR, PAGE 3 AFTER DEATH WITH THE STATE B BAUTIMORE MARYIAND, 21201 P	23a.B	URIAL, CREMA	TION, REMOVAL	23b. DATE	23ε.	NAME OF CE	METERY C	R CREMATOR		23d LOCATION		COUNTY		ATE
BP	L	Buria	1	9/10/81		Morel	and	Memor	rial	Balt		CODATY	-Md.	516
2778 DHMH-17	24. F	UNERAL DIREC	TOR Henry	W. Je	nkins		s Co			D. BY REGISTE	RAR 25h. REGIS	1 36 a.	NOTE THE	N.
(VR A15 ME (5))	4		rk Road	Balto	., Mc	. 21:	212		SFP	8 198	grance	O July	- Hours	5.50
15AL2/80														

Baltimore a Ta Woodbourne Wanus

Goorce W. Huber Katherine Phillips II

vo 218 74 6544 Pert Kirkwood, Towson, Miryland

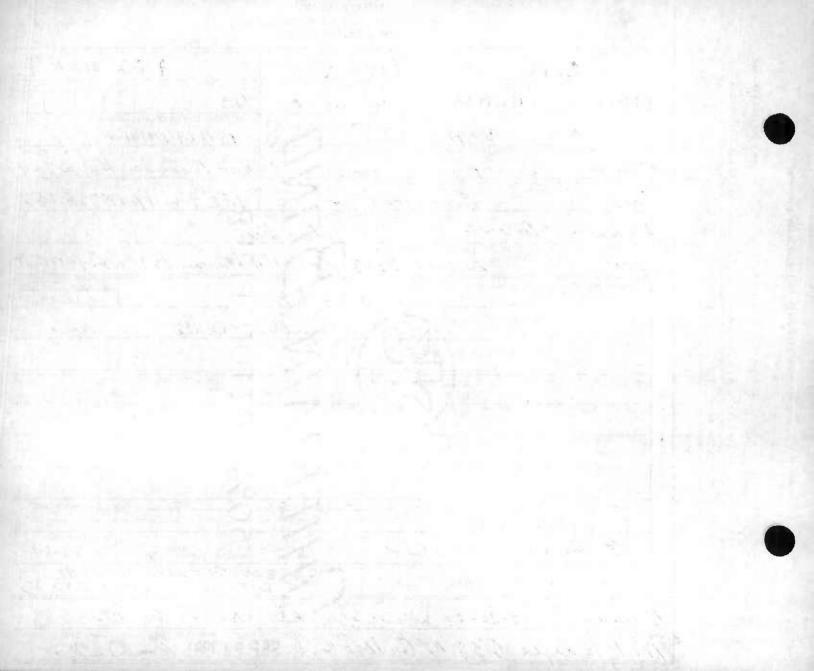
Purisi B10.91 North Control Ballo., Henry W. Johans & Sons Co.

			STA	TE OF A	MARYLAND		0		7 7	(2)	
1-	STATE						2	3	1 4	9	
T. DE	CEASED NAME FIRST	7716	MIDDLE	TER 3	LAST	20. DATE	KNOWN		DAY YEAR	7b. HOUR	
LITP		) ††	Whitney		Yohn	OF DEATH	ESTI- 1	j 9	13 1981	M	
3. SEX		5. DATE OF BIRTH	6. AGE INY		DER 1 YR. IF UNDER	24 HRS. 2c DAT	E	MONTH	DAY YEAR	7d HOUR	
Ма	ale White	May 25	1962 19	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	HS DAYS HOURS	MIN PRONOU DEA	D D	9	13 181	1:45	
₩. BI FO	RTHPLACE (STATE OR INCIDENCE OF COUNTRY)		HAT COUNTRY?			IED LX			TY OF DEATH		
			SPITAL NURSING HOM			Dull	PATION (TV	City	176 KIND OF BL	MD.	
E	Baltimore	Univer	ACILITY, GIVE STREET ADDRESS)	TY, GIVE STREET ADDRESS)				TEO WORK	OR INDUSTRY		
USUA 13a. S	AL RESIDENCE (IF IN NURSING HOM TATE 136. GOL Maryland 136. GOL	NTY	13c. CITY OR TOWN		13d. INSIDE CITY LIMITS?	13e STREET ADDR	ess Oover	Road			
	ATHER'S NAME				IS MOTHER'S MAID	EN NAME					
0	Robert	Eugene	Yohn		Mario	n	L.		Hembrou		
160. V	VAS DECEASED EVER IN U.S. A				17. INFORMANT	1497	ADDRES	er Ro	nd	1 1 1	
	No		220-80-53	17	Robert E.	Yohn Reis	sterst	own,	Maryland	1	
	PART   DEATH WAS CALLS	ED RV.							APPROXIMAT BETWEEN ONSE	FINTERVAL	
42	IMMEDI	ATE CAUSE (a) Cr			rauma		<u>HEO</u>				
7	Conditions if any white		R AS A CONSEQUENCE	OF							
-	gave rise ta immedia	te (b)									
	lying cause last.	DUE TO, OR	AS A CONSEQUENCE	Of							
z	PART 2 OTHER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TER	MINAL DISEAS	E OR CONDITION GIVEN IN PA	RT 1 to).					
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IFIC.										NO 🗆	
E	210 EXTERNAL CAUSE WAS	21b. TIME O	FINJURY	21c. H	OW INJURY OCCURRE	D (ENTER NATURE OF	NJURY IN ITEM I	8 PART I OR PA	/ \	110 []	
CALC						auto/fix	ced ob	ject	impact		
WED			TORY, FARM, ETC )		STREET	CITY OR T	OWN			STATE	
1	AT WORK AT WORK		_street	But	Ter Rd.					MD	
	22a I certify that I took chy	of the remains de	scribed abave, held	Autop	Inspectio	n , Inquir	,	and in my ap	oinian		
5	death resulted from Aar	unit couses	Accident X /S	vicide	, Hamicide .	Undetermined n	nanner 🗌	,			
	ACTUM /	Una. D	1400		TITLE (SPECIFY)						
1	SIGNATURE	nowork	1/m		Beputy Chi	efmedical exa	MINER	SIGNE	D 9/13/	/81	
-	EXAMINER'S NAME T	homas D. S	Smith, M.b.		ADDRESS	Penn St.	Bai	to., 1	MD.		
23a.B	URIAL, CREMATION, REMOVAL				R CREMATORY	23d. LOCATION		COIII	NTY S	STATE	
1	The same of the same	Paul 34 3	and Wanters	. Man	anial Dank	THE OWNER OF THE OWNER			9.0	yland	
		bebr. T4, T	301 MERIVIE	w rien		Balti	more		Mar	yrand	
	UNEXALDIRECTOR	20	ings Mills,		25e. DATE	REC'D. BY REGISTR 15 1981	AR NAME	Q.	Mar	утапо	
	1. DE (TYP) 3. SE) Marin (TYP) 10. CI (TYP)	SCC  3. SEX  4. RACE  Male  White  Maryland  10. CITY OR TOWN OF DEATH  Baltimore  USUAL RESIDENCE (# IN NURSING HOM 136. STATE  Maryland  14. FATHER'S NAME  FIRST  ROBERT  160. WAS DECEASED EVER IN U.S. A (YES. NO. OR UNKNOWN)  18. CAUSE OF DEATH (Enter of PART I DEATH WAS CAUS  Canditions, if any, white gave rise to immedia cause (a) stating the unde lying cause last.  PART 2 OTHER SIGNIFICANT CONDITION  190. DATE OF OPERATION  210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21d. INJURY OCCURRED  WHILE AT WORK  22a I certify that I look off death resulted from ACTUAL SIGNATURE  EXAMINER'S NAME  (TYPE OR PRINT)  230. BURINAL CREMATION, REMOVAL 1826. CREMATION, REMOVAL 1836. SEVERAL CREMATION, REMOVAL 1846. CREMATION, REMOVAL 1856. CREMATION, REMOVA	T. DECEASED NAME  (TYPE OR PRINT)  SCOTT  3. SEX  4. RACE  MONTH  MAY  25  MA I e  White  May  25  MA SIRTHPLACE (STATE OR FORGEN COUNTY) AND  10. CITY OR TOWN OF DEATH  BAIT I MORE  MATYLAND  10. STATE  MATYLAND  11. NAME OF HOD  (IF NOT IN SUCH F.  USUAL RESIDENCE (IF IN NURSING HORE OR OTHER INSTITUTION, G.  13. STATE  MATYLAND  14. FATHER'S NAME FIRST  MACHINE SIGNE IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN)  18. CAUSE OF DEATH (Enter anly and cause per line PART I DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  Canditions, if any, which gave rise to immediate cause (a) stating the under- lying cause last.  (c)  PART 2 OTHER SIGNIFICANT (ONOTITIONS CONTRIBUTING TO DEATH  VOLUME IN THE CAUSE WAS  UNDERLYING OR CONTRIBUTING CAUSE OF DEATH  12. 3D  VOLUME AA  12. 3D  The DATE OF OPERATION  19b. CONDITIONS  21d. INJURY OCCURRED  WHILE AT WORK  17le PLACE STREET, FAC  ACTUAL SIGNATURE  EXAMINER'S NAME (TYPE OR PRINT)  23a. BURIAL CREMATION, REMOVAL 23b. DATE	TO STATE REGISTRAR  I. DECEASED NAME (TYPE OR APRINT)  SCOTT Whitney  May 25 1962 1962 1962  In ACE (MY)  May 25 1962 1962  In ACE (MY)  SCOTT WHITNEY  MARY 25 1962 1962  In ACE (MY)  SCOTT WHITNEY  MARY 25 1962 1962  In ACE (MY)  In	DEPARTMENT OF HEALTH MEDICAL EXAMINER'S C  1. DECEASED NAME (TYPE OR PRINT)  SCOTT  Whitney  3. SEX  4. RACE  White  Whom  May  25 1962  19 VRS.  MARR  MARY  MARY	DECEASED NAME	DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR  MEDICAL EXAMINER'S CERTIFICATE OF DEATH  AMODICAL EXAMINER'S CERTIFICATE OF DEATH  SCOTT  Whitney  SCOTT  Whitney  SCOTT  Whitney  SCOTT  SCOTT  SCOTT  Whitney  SCOTT  May  SCOTT  SCOTT  May  SCOTT  SCOTT  SCOTT  May  SCOTT  SCOTT	FOR   STATE   REGISTAR   MEDICAL EXAMINER'S CERTIFICATE OF DEATH   REGISTAR   MEDICAL EXAMINER'S CERTIFICATE OF DEATH   REGISTAR   MEDICAL EXAMINER'S CERTIFICATE OF DEATH   REGISTARY   REGISTARY	DEPARTMENT OF HEATH AND MENTAL HYGIGNE REGISTRAR  MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR  MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR  MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR  MODIC LAST VOID SCOTT Whitney Yohn Whitney Yo	DEPARTMENT OF HEALTH AND MENTAL HYCISINE  MEDICAL EXAMINER'S CERTIFICATE OF DEATH  REG.NO.  MEDICAL EXAMINER'S CERTIFICATE OF DEATH  REG.NO.  SCOTT  Whithout Comment of the Comment of th	

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Ι.	SEX		4 RACE		5. DATE O	DAY	YEAR	6 AGE (IN	DAY) MC	NTHS DAY	YR. IF U			NUONC	CED	MONTH	DAY	YEAR	2d HOUR
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	_	TYPE OR PR				uard.									Balto	) MI	21	201	
	IN	RIAL, CREMA ECTOMBA	IENT		6. DATE 9-12-	-81		NAME OF C					13d. LOCA CITY OR T BAI					LANDST	ATE
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Wm. C. March F/H 1101 E. North Ave.

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(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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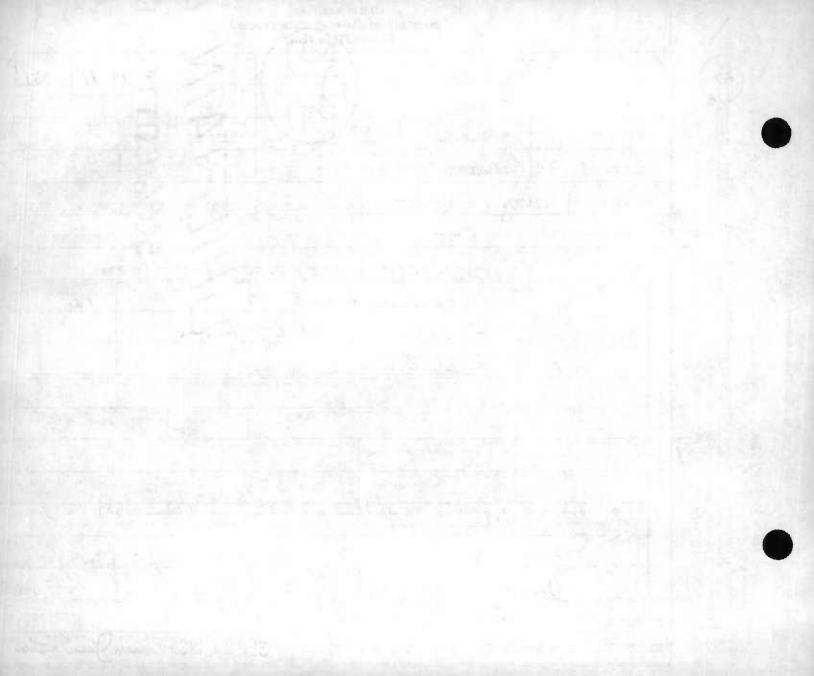
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DIVISION OF VITAL RECORDS, 201 W. FRESTON ST., BALLIMORE, MARTERING 2.1201	that	d by leose
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	O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may etained by the haspital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral direction should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 shauld be filled within 72 haurs must the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

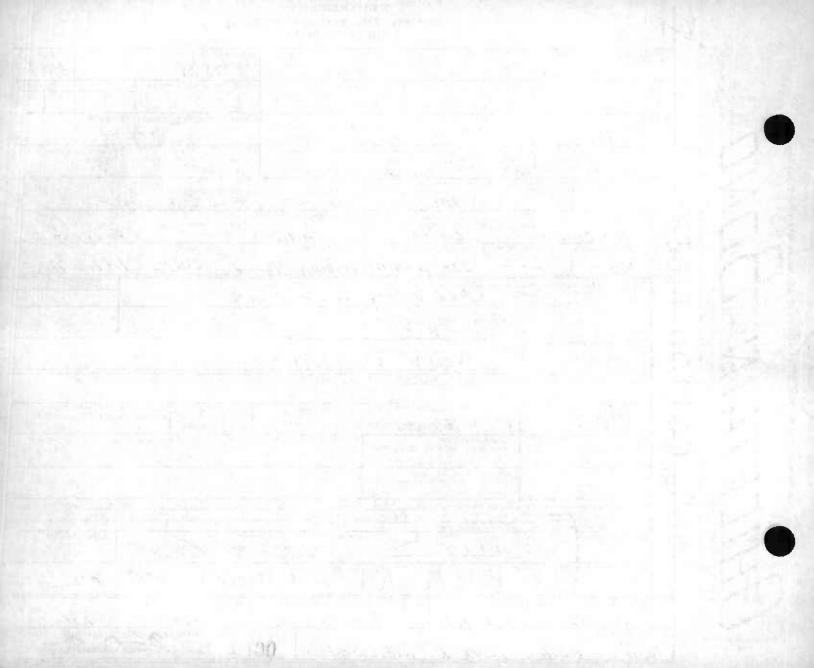
1	FOR - STATE REGISTRAR		DEPARTA		IEALTH AND MENTAL HYG		REG. NO.	5 0	) (	~		
	CEASED NAME FIRST	ARY	CLLA		YOUNG	2a. DATE OF DE		DAY YE	EAR I	9'SIM		
3. SE	× FEMALE	4 RASE	IITE	MONTI	/18/1924	6 AGE (IN YEARS		IF UNDER I	YEAR DATS	IF UNDER 24 HRS		
7	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	NEVER MARRIED DIVORCED	9 BALTIMORE BALTI		DEATH MD				
1	ITY OR TOWN OF DEATH BALTIMORE	BALTI	MORE CITY	Y HOS	DR OTHER INSTITUTION PITALS	120 USUAL OC	R MOST OF WORKING		STRY	BUSINESSOR		
13a.		OTHER INSTITUTION ITY	13t. CITY OR TOWN  DUNDALI	N	136 INSIDE CITY LIMITS? YES NOX		SOLLERS	POINT	' RD	. 21222		
	DENNIS	MIDDLE	HALE		15 MOTHER'S MAIDEN NAM		IDDIE	GWA	LTN	EY		
	VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV YES	MED FORCES? E WAR OR DATES)	166. SOCIAL SECU 228.16.35		KENNETH W.	YOUNG	SAME A	S 13e				
CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost  PART 2 OTHER SIGNIFICANT OF THE CONTROL OF OPERATION	DUE TO, OI		NCE OF CLOSE DEATH BUT	, , , , , , , , , , , , , , , , , , , ,	INAL DISEASE O	R CONDITION (	res, were f	INDING	SS USED		
EDICAL CERTIFI	71g, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.I	M. MONTH DA M.	YEAR	21c HOW INJURY OCCURR		0 3	TIFYING CA YES  8 PART I OR PAI		NO		
MED	21d. INJURY OCCURRED  21e. PLACE OF INJURY  WHILE ONT WHILE OLY OR TOWN  (AT HOME, STREET FACTORY, OFFICE, FARM, ETC.)  AT WORK STREET FACTORY, OFFICE, FARM, ETC.)									STATE		
	220. I certify that (1) this haspital) attended the deceased from 9/19/19/19/19/19/19/19/19/19/19/19/19/19											
	224 PHYSICIAN'S NAME LIVE O	in K.	Ross	My	ATTENDING PHYSICIAN [	MEDICAL DIRECTOR D	bom	Tub 1	Ba	It led		
	BURIAL, CREMATION, REMOVAL (SPECIFY) REMATION	236 DATE 9/21/1			EMETERY OR CREMATORY  OUNT CREMATORY	Y BALT	IMORE	COUNTY	MA	RYLAND		
	JNERAL DIRECTOR  TER'E BROOKS BRAI				25a. DAI	EP211	981 25	STRAR SY	SMATUE	Warthen		

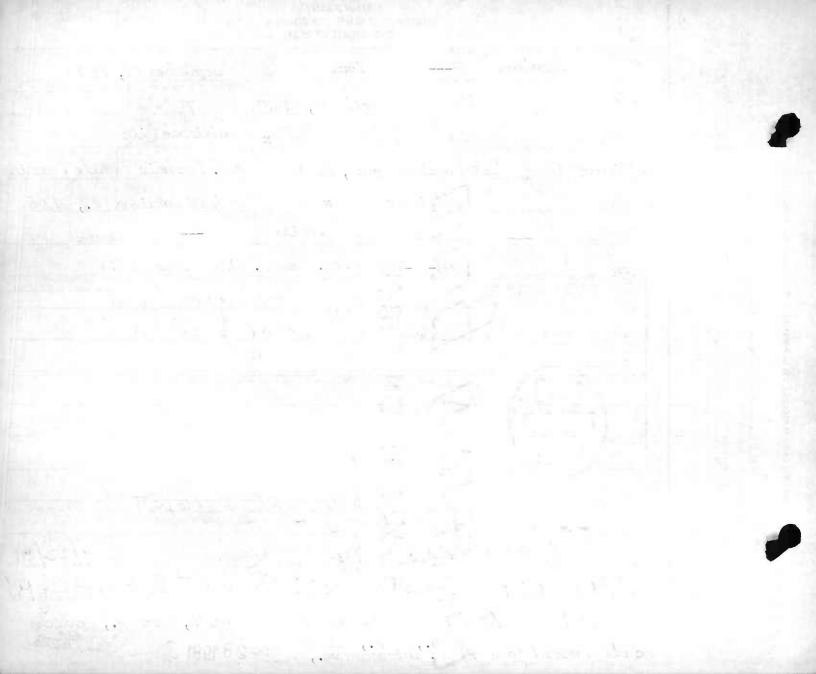
DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

IMPORTANT: If Item 21 is marked or Item 18 shaws any injury, ar other traumatic event, the







STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

FOR STATE REGISTRAR REG. NO DECEASED NAME MIDDLE 20. DATE OF DEATH MONTH 2b HOUR TYPE OR PRINTL haddpus 3. SEX 4 RACE DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR MONTH YEAR MALE WHITE 04 20 10 YRS TO BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED COUNTRY) BALTIMORE CITY DELAWARE U.S.A. WIDOWED DIVORCED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 12b. KIND OF BUSINESS OR INDUSTRY (TYPE OF WORK FOR MOST OF WORKING LIFE) BALTIMORE OPTICIAN OPTICAL CO. SUAL RESIDENCE (IF NURSING HO 13a. STATE COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS MARYLAND BALTO. HGLDS BALTIMORE 4420 SCOTIA ROAD, 21227 YES [ NO K 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE UNKNOWN UNKNOWN 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17 INFORMANT ADDRESS (# YES. GIVE WAR OR DATES) THELMA ZEGZDRYN 4420 SCOTIA ROAD, 21227 YES II 213-01-8753 WW APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) CERTIFICATION 19g DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOL YES [ NOF 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET NOT WHILE AT WORK

DIRECTOR PHYSICIAN [ PHYSICIAN 124. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS 230 BURIAL, CREMATION, REMOVAL 23(. NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b. DATE

GLEN HAVEN MEM.

DEGREE

ATTENDING

PK.

man

DHMH-16 30M 2/80 (VRA 15, 4)

84

09-22-81 24. FUNERAL DIRECTOR 21229 HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

22a I certify that (I) (this haspital attended the deceased from

above, (I) (we) (did) (did not) view the body after death

sow the deceased alive on.

221 SIGNATURE

BURIAL

Xapt.

250. DATE REC'D. BY REGISTRAR 256. REGISTRA

A.A.

221 DATE SIGNED

nd that in (my) (our) opinion death occurred on the date and hour and from the causes stated

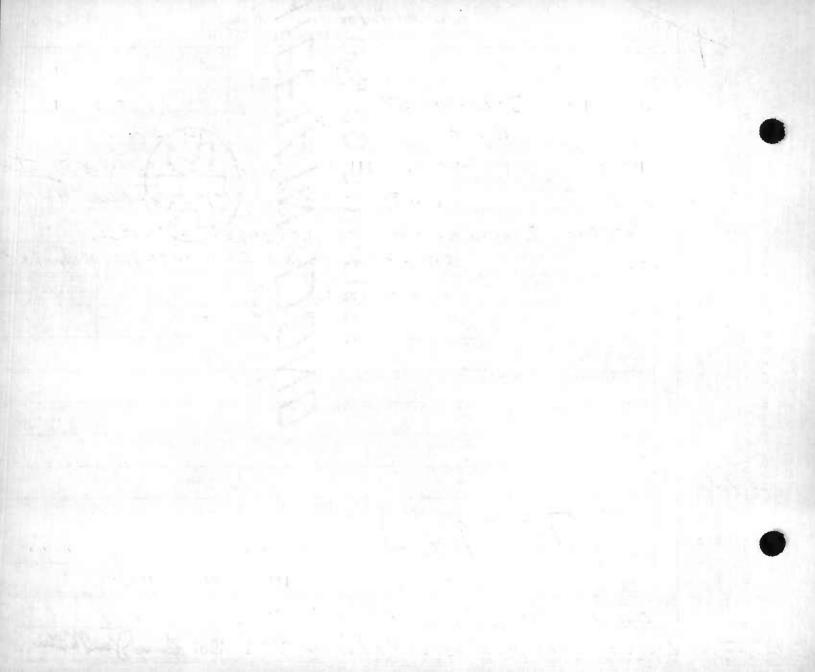
GLEN BURNIE

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1		STATE REGISTRAR	ME	DICAL EXAMI			0 1	REG. NO.	0		
	T. DE	CEASED NAME FIRST		MIDDLE	LAST		OI.	NOWN W		DAY YEAR	26 HOUR
EASE TOR. DURS	3. SEX	Sanc	S. DATE OF BIRTH	6. AGE (IN)	Zimmer EARS IF UNDER 1 YR.	man IF UNDER 24 HR	DEATH			30 1981 DAY YEAR	M 2d HOUR
RY, P. DIREC OUR F 72 HG		ale Black	NONTH DAY	YEAR LAST BIRTH	PAY) MONTHS DAYS	HOURS MIN.	PRONOUNG DEAD			30 1981	6:19 a M
AY IS NEGESSARY, PLEASE OTHE FUNERAL DIRECTOR. MAGICA FOR YOUR FILES. E FILED, WITHIN 72 HOURS S. 201 W. PRESTON STREET.	7a B	RTHPLACE (STATE OR REIGN COUNTRY)	76 CITIZEN OF W	HAT COUNTRY?	MARRIED N WIDOWED	EVER MARRIED C		ORE CITY OR C		OF DEATH	
EED, V	10 C	TY OR TOWN OF DEATH		SPITAL, NURSING HOA	NE, OR OTHER INSTIT	UTION 12a U		MORE CI		KIND OF B	USINESS
P. S. F.		la Itimore	North P	oint Rd. &	Hill Chase	e St. /	ork Li	fr. open	469	Bell	·Flee
F ANY AND 3 AND 4		TATE TIBL. COUN		Bar 6.			TREE LADDRES	nontre	lie	2	
EE, MD.	14. F.	THER'S NAME	ZIMME	ERMAN	15. MOTH	HER'S MAIDEN HAI	ME MI	X) fidds	0//	LAST	
LTIMOI LTIMOI VE PAGE SION OF	16a \	VAS DECEASED EVER IN U.S. ARI		16b. SOCIAL SECURI 248-20	17 NO. 17 INFOR	NNIE ZI	MMER	ADDRESS MAN /	2071	montpe	elier
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD.  S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF RITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, RDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3, ED S SHOULD BE USED AS A BURIAL - TRANSIT PERMIT. PAGES I AND 2 SI ED SPARMENT OF HEATTH AND MENTAL HYGIENE, DIVISION OF VITAL OI PRIOR TO BURIAL, CREMATION, OR REMOVAL.		THE CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSE)  Conditions, if ony, which gove rise to immediate couse (a) stating the under-	DBY:  E CAUSE (o)  DUE TO, OI	e for (a), (b), and (c).)  COPONARY THE  RAS A CONSEQUENCE  RAS A CONSEQUENCE	OF .					APPROXIMA BETWEEN ONS	TE INTÉRVAL SÉT AND DEATH
L RECORDS, 201 ULD BE EXECUTE "PENDING" IN P F MEDICAL EXA HEAITH AND MG IL, CREMATION,	CERTIFICATION	PART 2 OTHER SIGNIFICANT CONDITIONS TO DATE OF OPERATION		BUT NOT RELATED TO THE TED						2B AUTOPS)	Y?
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DN OF STHEW COULD BY		210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF I	21b. TIME C HOUR A./ DEATH P./	M. MONTH DAY YEA	AR 21c. HOW INJUR	RY OCCURRED (ENT	ER NATURE OF INJU	RY IN ITEM 18 PART	I OR PART 2	51	
DIVISH THIS CERT WRITING VARDED 'AGE 3 SH ATE DEP	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	STREET FAC	OF INJURY (ATHOME, CTORY, FARM, ETC.)	21f. LOCATION STREET		CITY OR TOW	N	COUNT	Τ¥	STATE
TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IST. EXCUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN 1TEM 18. GIVE PAGES 1, 2, AND 3 TO THE FAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN PAGE. TO FUNEAL DIRECTOR; PAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED. AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTALL HYGIENE, DIVISION OF VITAL RECORDS, 201 W BALLIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.		ACTUAL SIGNATURE EXAMINER'S NAME	oway	Smith, M.D.	M. Depu	Inspection		nner,	DATE SIGNED.	9/30	/81
TO M PAGE AFIER BALTI	23a.B	(TYPE OR PRINT)			ADDRESS		LOCATION	barro.	COUNTY		STATE
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DHMH-17 (VR A15 ME (5))	40	cks FUNERAL	Hom E	13047.6	Intral ap	OCT 1	1981	Spinces	Jan	1 keith	ac



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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1		REGISTRAR				CERTIF	ICATE OF DEAT	H	REG.	NO.			
)	1. DECE	EASED NAME	FIRN' »	A	MIDDLE	l.	ASD	20.	DATE OF DEATH		DAY YEAR	2h HOUF	R A
Ü		A	DELAI	DE	M.	ZOB	EL			09	0481	11	L
	3. SEX	T		1 RACE	.), ,	5. DATE C		EAR 6 A	GE (IN YEARS LAST	BIRTHDAY)	IF UNDER 1 YEAR	HOURS	24 HRS
		TEMA	LE		hite	08		4 '	5/	YRS			
4		THPLACE (STATE O	REFOREIGN	L CITIZEN OF	WHAT COUNTRY?	8. MARRIEI	NEVER MARRI	IED 9 B	BALTIMORE CITY	OR COUN	TY OF DEATH	No.	(1)
2	14 617	Ma		и	3/1	WIDOWE			BACTO,	CI	TY —		MD.
?	13	TOLSHI	re	(IF NOT IN SUC	Were t	ADDRESS)	OR OTHER INSTITUTE		USUAL OCCUPA Barmai d		126 KIND (INDUSTRY	of Busines  ern	SS OR
	13a. ST.	Mol	HIS GOUN	TY Approbel	136. CIPPOR TOWN	N	13d. INSIDE CITY LIV YES NO	MITS? 13e	STREET ADDRES	rook	Field	Rd	
1	14. FATI	HER'S NAME FIRST	N	IDDLE	LAST	7411	15. MOTHER'S MAIL		MIDDLE				
	/	Joseph			Burns		Lenor	'a			Taylo	r	
	1466	AS DECEASED EVE		MED FORCES?	16b SOCIAL SECU		17 INFORMANT		ADD	RESS			
1	N	0			216-18-	3887	George	E. Zo	bel sa	me as	s 13e.		
	1	8 CAUSE OF DEA	TH (Enter only	y one couse per	line for (o , (b), one	. //	26.24	m	somes:	4	APPRO) BETWEEN	ONSET AND	DEATH
		IMMEDIATE CAUSE (o)									8	do	12
		4310		DUE TO, OF	R AS A CONSEQUE	NOTOS	necky	1	1 mant	m &	2	/	
		Conditions, if on gove rise to in	y, which nmediate	(b)		0	cercore		0 1-23	0,,,,			
4		couse (a), stat		DUE TO, OF	AS A CONSEQUE	NCE OF	Lun	ntor	serie				
-		APT 2 OTHER SIG	Chile ICANIT C	(c)	INTERPLITING TO D	EATH BUT	NOT REVALED TO TH	UE TERMINI	DISE 455 00 00		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	NO	ANT 2 OTTEN SIC	SHIFICAHI C	JADIHONS <u>CC</u>	NTRIBUTING TO D	EATH BUT	NOT RELATED TO TE	HE TERMINAL	L DISEASE OR CC	DNUITION	SIVEN IN PART I	0	
1	CERTIFICATION	DATE OF OPER	ATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	2	On AUTOPSY?	20b. IF	YES, WERE FINDI	NGS USED	
1	TIFIC	-				-		,	YES NO	IN CER	TIFYING CAUSES	OF DEATH	
7	ER S	10. ACCIDENT WAS UP		216. TIME O		V VEAD	21c HOW INJURY			JURY IN ITEM 1			
	JA!	OR CONTRIBUTING		HOUR A./		Y YEAR							
9	MEDICAL	Id INJURY OCCU	RRED	71e. PLACE C	OF INJURY EET, FACTORY, OFFICE, FA		21f. LOCATION	100	CITY OR	TOWN	COUNTY	ST.	ATE
1		WHILE NOT V	ORK ORK	(ATTIOME STR	EET, PACTORT, OFFICE, PA	A	120	01	61	11	0	/	
	2	2a.l certify that (		ol) ottended the	degeosed from_	0)	, 19.	01	to	7	. 19 0/	that (I) (w	
				view the botty	ofter death.	, on	d that in (my) (our)	opinion deotl	h occurred on the	date and h	our and from the	couses stot	ted
	2	2b. SIGNATURE	61	Sales	0		DEGREE	DING M	EDICAL S1	AFF _	THE DATE	PIGNER	,
4	1	2d. PHYSICIAN'S N	LAME months	101-			PHYSIC 22e ADDRESS /			SICIAN	V/	7/0	/_
		ZII. FTT SICIAL SIL	134	stor	0		LINE ADDRESS	nid.	ofF	10	hopp	pay	6
	14.0	RIAL, CREMATION	, REMOVAL	23b. DATE	23c. N	AME OF C	EMETERY OR CREMA	ATORY 2	TY OF TOWN		color	100	ATE
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	4794	orge J.	Gonce	400 Bo	l kitch	le H				121	ISTRAI SSIGNA	Marte	hens
		-00.	40110	Da.	Luo, Mid	. 212	.2)	SFP	10 198	1: UB34	icas lan	- war	

DHMH - 16 50M 1/81 (VRA 15, 4)

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IMPORTANT: If Item 21 is morked or Item 18 shows ony

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Mc ully Funeral Home, 237 E. Patapsco Ave. Balto.

- STATE

(VRA 15, 4)

REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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